

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90359 017 \*\*\*\*61.25

**DOCUMENT # N98000001163**

1. Entity Name

**C.C. OF PARKER LAKES NEIGHBORHOOD ASSOCIATION, I  
NC.**

Principal Place of Business

Mailing Address

**C/O HENKE PROPERTY MANAGEMENT, INC.  
P.O. BOX 07038  
FORT MYERS FL 33919****C/O HENKE PROPERTY MANAGEMENT, INC.  
P.O. BOX 07038  
FORT MYERS FL 33919**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0815540**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****JENSEN, WARREN S  
C/O MARQUIS MANAGEMENT INC  
9400 GLADIOLUS DR STE 100  
FORT MYERS FL 33908**

Name

**Carol J. Henke**

Street Address (P.O. Box Number is Not Acceptable)

**Henke Property Management Inc.****6213-A Presidential Court**

City

**Fort Myers**

FL

Zip Code

**33919**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

| TITLE | NAME             | STREET ADDRESS              | CITY-ST-ZIP         | DELETE                              |
|-------|------------------|-----------------------------|---------------------|-------------------------------------|
| PD    | KNOWLAND, DONALD | 14870 CRYSTAL COVE CT #201  | FORT MYERS FL 33919 | <input checked="" type="checkbox"/> |
| VD    | HADAD, GIL       | 14800 CRYSTAL COVE CT #904  | FORT MYERS FL 33919 | <input checked="" type="checkbox"/> |
| STD   | MACLARAN, JUDY   | 14801 CRYSTAL COVE CT #1004 | FORT MYERS FL 33919 | <input checked="" type="checkbox"/> |
|       |                  |                             |                     | <input type="checkbox"/>            |
|       |                  |                             |                     | <input type="checkbox"/>            |
|       |                  |                             |                     | <input type="checkbox"/>            |

| TITLE | NAME           | STREET ADDRESS                 | CITY-ST-ZIP          | CHANGE                              | ADDITION                            |
|-------|----------------|--------------------------------|----------------------|-------------------------------------|-------------------------------------|
| PD    | HADAD, Gil     | 14800 Crystal Cove Ct #904     | Fort Myers, FL 33919 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| VPD   | Thomas, Earl   | 14851 Crystal Cove Ct #2003    | Fort Myers, FL 33919 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| STD   | Oestrich, Jim  | 14871 Crystal Cove Court #2101 | Fort Myers, FL 33919 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| D     | Haake, Bill    | 9200 Lallique Lane #1504       | Fort Myers, FL 33919 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| D     | MacLaren, Jody | 14801 Crystal Cove Ct. #1004   | Fort Myers, FL 33919 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|       | Knowland, Joan | 14870 Crystal Cove Court #201  | Fort Myers, FL 33919 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/02

CR2E037 (9/01)