

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90286 034 ****61.25

DOCUMENT # N98000001163

1. Entity Name
CRYSTAL COVE OF PARKER LAKES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
6213-A PRESIDENTIAL COURT S.W.
P.O. BOX 07038
FORT MYERS, FL 33919

Mailing Address
6213-A PRESIDENTIAL COURT S.W.
P.O. BOX 07038
FORT MYERS, FL 33919

2. Principal Place of Business

3. Mailing Address



the Management Connection, Inc **the Management Connection, Inc**
8270 College Parkway, Suite 103 8270 College Parkway, Suite 103
Fort Myers, Florida 33919 Fort Myers, Florida 33919

02172004 Chg-NP CR2E037 (10/03)

4. FEI Number **65-0815540** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HENKE, CAROL J
HENKE PROPERTY MANAGEMENT INC
6213-A PRESIDENTIAL COURT
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent

Name
ARLENE A FREDEN
Street Address
% THE MANAGEMENT CONNECTION INC.
8270 COLLEGE PARKWAY #103
FORT MYERS, FLORIDA 33919
City
FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Arlene A. Freden* *Arlene A. Freden*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HADAD, GIL 14800 CRYSTAL COVE CT #904 FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THOMAS, EARL 14851 CRYSTAL COVE CT #2003 FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OESTRIECH, JIM 14871 CRYSTAL COVE CT #2101 FORT MYERS, FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAAKE, BILL 9200 LALLQUE LANE #1504 FORT MYERS, FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAREN, JUDY 14801 CRYSTAL COVE CT. #1004 FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOWLAND, JOAN 14876 CRYSTAL COVE COURT #201 FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TULLIS, HERBERT 9200 LALIQUE LANE #1501 FORT MYERS, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OESTRIECH, JIM 14871 CRYSTAL COVE CT #2101 FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, JERRY 14876 CRYSTAL COVE CT #203 FORT MYERS FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEDEIROS, DONNA 9220 LALIQUE LANE #1201 FORT MYERS, FLORIDA 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Herbert Tullis *HERBERT TULLIS PRES*

4-20-04

239-415-7407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #