


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90172 004 \*\*\*\*61.25

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # N98000001163</b>  |   |   |  |                       |  |
| <b>1. Entity Name</b><br>CRYSTAL COVE OF PARKER LAKES CONDOMINIUM ASSOCIATION, INC.   |   |   |  |  |  |
| <b>Principal Place of Business</b><br>%THE MANAGEMENT CONNECTION, INC.<br>8270 COLLEGE PARKWAY, STE 103<br>FORT MYERS, FL 33919   |   |   | <b>Mailing Address</b><br>%THE MANAGEMENT CONNECTION, INC.<br>8270 COLLEGE PARKWAY, STE 103<br>FORT MYERS, FL 33919          |  |  |
| <b>2. Principal Place of Business</b>   |   | <b>3. Mailing Address</b>   |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |  |  |
| City & State  |   | City & State  |  | <b>4. FEI Number</b><br>65-0815540   |  |
| Zip   |   | Country   |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>TEAGUE, GEORGE<br>%THE MANAGEMENT CONNECTION, INC.<br>8270 COLLEGE PARKWAY #103<br>FORT MYERS, FL 33919   |   |   | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |  |
| FL  |   |   | Zip Code   |  |  |
| <b>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.</b>  |   |   |  |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |  |  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2006</b>   |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>TULLIS, HERBERT<br>9200 LALIQUE LANE #1501<br>FORT MYERS, FL 33919          | <input type="checkbox"/> Delete   |  |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>OESTRIECH, JIM<br>14871 CRYSTAL COVE CT #2101<br>FORT MYERS, FL 33919       | <input checked="" type="checkbox"/> Delete  |  |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>HAAKE, BILL<br>9200 LALLQUE LANE #1504<br>FORT MYERS, FL 33919               | <input type="checkbox"/> Delete   |  |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>ROBERTS, JERRY<br>14876 CRYSTAL COVE CT #203<br>FORT MYERS, FL 33919         | <input checked="" type="checkbox"/> Delete  |  |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>MEDEIROS, DONNA<br>9220 LALIQUE LANE #1201<br>FORT MYERS, FL 33919          | <input checked="" type="checkbox"/> Delete  |  |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SERI, RONALD<br>9200 LALIQUE LANE #1501<br>FORT MYERS, FL 33919              | <input checked="" type="checkbox"/> Delete  |  |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Pres.<br>Winkie Harold<br>14800 Crystal Cove Ct. #103<br>Ft Myers, FL 33919       |   |  |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Vice-Pres.<br>HaaKe, Bill   |   |  |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Director<br>Bryant, Susan<br>14800 Crystal Cove Ct. #901<br>Ft Myers, FL 33919    |   |  |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Secretary<br>Yackoski, Diane<br>14800 Crystal Cove Ct. #904<br>Ft Myers, FL 33919 |   |  |  |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b> |   |   |  |  |  |
| <b>SIGNATURE:</b> _____ <i>H. Tullis</i>  |   |   |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |   |  |  |  |
| Date: 04/21/06  |   |   |  |  |  |
| Daytime Phone #: 239-590-0817   |   |   |  |  |  |