

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90080 016 ****61.25

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DOCUMENT # N98000001163


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



Principal Place of Business
**%ALLIANT PROPERTY MANAGEMENT, LLC
 6700 WINKLER RD. SUITE 2
 FORT MYERS, FL 33919**

Mailing Address
**%ALLIANT PROPERTY MANAGEMENT, LLC
 6700 WINKLER RD. SUITE 2
 FORT MYERS, FL 33919**

Approval:
40046561



02232007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box # 6719 Winkler Road		3. Mailing Address 6719 Winkler Rd	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Fort Myers, Florida		City & State Fort Myers, Florida	
Zip 33919	Country USA	Zip 33919	Country USA

4. FEI Number
65-0815540 Applied Not App

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

6. Name and Address of Current Registered Agent

**ALLIANT PROPERTY MANAGEMENT, LLC
 6700 WINKLER ROAD
 SUITE 2
 FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6719 Winkler Road Suite 200

City **Fort Myers** FL Zip Code **33911**

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 a the obligations of registered agent.

SIGNATURE: *Michael Ciuffetelli, VP Agent* DATE: **3-16-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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	PD	<input type="checkbox"/> Delete
NAME	CIUFFETELLI, MICHAEL	
STREET ADDRESS	14830 CRYSTAL COVE CT. #604	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HAAKE, BILL	
STREET ADDRESS	9200 LALIQUE LANE #1504	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRYANT, SUSAN	
STREET ADDRESS	1400 CRYSTAL COVE CT. #901	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YACKOSKI, DIANE	
STREET ADDRESS	1480 CRYSTALL COVE CT. #904	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, RANDY	
STREET ADDRESS	14810 CRYSTAL COVE CT. #802	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> A
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> A
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> A
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> A
NAME	D Wilbert Needleman	
STREET ADDRESS	14810 Crystal Cove #801	
CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> A
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan Bryant* **SUSAN BRYANT** 3/26/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #