## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # N98000001163 1. Entity Name 03 MAY - 1 AM 10: 35 CRYSTAL COVE OF PARKER LAKES CONDOMINIUM ASSOCIA TION, INC. SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 6213-A PRESIDENTIAL COURT S.W. 6213-A PRESIDENTIAL COURT S.W. P.O. BOX 07038 P.O. BOX 07038 FORT MYERS FL 33919 FORT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0815540 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENKE, CAROL J Street Address (P.O. Box Number is Not Acceptable) HENKE PROPERTY MANAGEMENT INC 6213 - A PRESIDENTIAL COURT FORT MYERS FL 33919 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD Delete TITI F ☐ Addition TITLE ☐ Change HADAD, GIL NAME NAME The Hadal STREET ADDRESS 14800 CRYSTAL COVE CT #904 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FORT MYERS FL 33919 TITLE Delete TITLE Change ☐ Addition THOMAS, EARL NAME NAME 400017841374 STREET ADDRESS 14851 CRYSTAL COVE CT #2003 STREET ADDRESS 05/01/03--01071--018 \*\*61.25 CITY-ST-71P CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete ☐ Change ☐ Addition TITLE TITLE **OESTRIECH, JIM** NAME NAME STREET ADDRESS 14871 CRYSTAL COVE CT #2101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE FORT MYERS FL 33919 **X** Change TITLE Delete TITLE ☐ Addition Haake Bill HAOKE, BILL NAME NAME STREET ADDRESS STREET ADDRESS 9200 LALLQUE LANE #1504 CITY-ST-ZIE CITY-ST-ZIE FORT MYERS FL 33919 TITLE Delete ☐ Addition TITLE M Change maclaren, Judy NAME MCALAREN, JODY NAME STREET ADDRESS 14801 CRYSTAL COVE CT. #1004 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919 D Delete ☐ Change ☐ Addition TITLE TITLE KNOWLAND, JOAN NAME NAME STREET ADDRESS 14876 CRYSTAL COVE COURT #201 STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE:

FORT MYERS FL 33919

CITY-ST-ZIP

DETERMINATION SERVE HADAD 4-16-03 239-481-7150