

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90101 023 \*\*\*\*61.25

0059268

DOCUMENT # N98000001164

1. Corporation Name

CRYSTAL COVE OF PARKER LAKES ONE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

9400 GLADIOLUS DRIVE  
SUITE 250  
FORT MYERS FL 33908

Mailing Address

9400 GLADIOLUS DRIVE  
SUITE 250  
FORT MYERS FL 33908



2. Principal Place of Business

2a. Mailing Address

MARQUIS MANAGEMENT  
400 GLADIOLUS DR SUITE 100  
FORT MYERS, FL 33908

c/o MARQUIS MANAGEMENT  
9400 GLADIOLUS DR SUITE 100  
FORT MYERS, FL 33908

3. Date Incorporated or Qualified

02/25/1998

4. FEI Number

65-0815540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

KUSSNER, STEPHEN L  
ONE TAMOA CITY CENTER, SUITE 2100  
P.O. BOX 3433  
TAMPA FL 33601

81  
82  
83  
84

10. Name and Address of New Registered Agent

MICHAEL FLEMING c/o  
MARQUIS MANAGEMENT INC.  
9400 GLADIOLUS DR. SUITE 100  
FORT MYERS, FL 33908

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME REISMAN, JOHN  
STREET ADDRESS 9400 GLADIOLUS DRIVE SUITE 250  
CITY-ST-ZIP FORT MYERS FL 33908

☒ DELETE

TITLE VD  
NAME GULLO, VINCE  
STREET ADDRESS 9400 GLADIOLUS DRIVE SUITE 250  
CITY-ST-ZIP FORT MYERS FL 33908

☒ DELETE

TITLE STD  
NAME KNIZNER, DAVE  
STREET ADDRESS 9400 GLADIOLUS DRIVE SUITE 250  
CITY-ST-ZIP FORT MYERS FL 33908

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Knowlton, Donald  
1.3 STREET ADDRESS 14870 Crystal Cove Ct #201  
1.4 CITY-ST-ZIP Ft. Myers, FL 33919

☐ Change ☐ Addition

2.1 TITLE VD  
2.2 NAME Wallace, Roger  
2.3 STREET ADDRESS 14870 Crystal Cove Ct #204  
2.4 CITY-ST-ZIP Ft. Myers, FL 33919

☐ Change ☐ Addition

3.1 TITLE STD  
3.2 NAME Valenzuela, Homer  
3.3 STREET ADDRESS 14841 Crystal Cove Ct #101  
3.4 CITY-ST-ZIP Ft. Myers, FL 33919

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)