2000 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
Jul 06, 2000 8:00 am
Secretary of State
05-31-2000 90032 026 ****61.25

DOCUMENT # N98000001164

1. Entity Name

CRYSTAL COVE OF PARKER LAKES ONE CONDOMINIUM ASS

Principal Place of Business	Mailing Address
C/O MARQUIS MANAGEMENT 9400 GLADIOLUS DR. SUITE 100 FORT MYERS FL 33908	C/O MARQUIS MANAGEMENT 9400 GLADIOLUS DR. SUITE 100 FORT MYERS FL 33908-6898

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	*Suite, Apt. #, etc.*
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
FLEMING, MICHAEL C/O MARQUIS MANAGEMENT INC. 9400 GLADIOLUS DR, SUITE 100 FORT MYERS FL 33908	Name Street Address (P.O. Box Number is Not Acceptable) 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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KNOWLAND, DONALD 14870 CRYSTAL COVE CT #201 FORT MYERS FL 33919	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WALLACE, ROGER 14870 CRYSTAL COVE CT #204 FORT MYERS FL 33919	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP CARL THOMAS 14851 Crystal Cove Ct. #2003 Ft Myers 33919	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD VALENZUELA, HOMER 14870 CRYSTAL COVE CT #1904 FORT MYERS FL 33919	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST PD SJ Jim DESTEFECH 14871 Crystal Cove Ct. #2101 Ft. Myers 33919	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED 4/10/00 941-415-9092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #