

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90170 024 ****61.25

DOCUMENT # N98000002986

1. Corporation Name

GRAND VIEW OF PARKER LAKES TWO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

9400 GLADIOLUS DR., SUITE 250
FT. MYERS FL 33908

Mailing Address

9400 GLADIOLUS DR., SUITE 250
FT. MYERS FL 33908

306202 - 90170 - 24



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/26/1998

4. FEI Number

65-0842955

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
SUITE 2100, ONE TAMPA CITY CENTER
TAMPA FL 33601

10. Name and Address of New Registered Agent

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

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** ☒ DELETE
NAME **REISMAN, JOHN**
STREET ADDRESS **9400 GLADIOLUS DR., SUITE 250**
CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE **VD** ☒ DELETE
NAME **GULLO, VINCE**
STREET ADDRESS **9400 GLADIOLUS DR., SUITE 250**
CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE **STD** ☒ DELETE
NAME **KNIZNER, DAVE**
STREET ADDRESS **9400 GLADIOLUS DR., SUITE 250**
CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☐ Addition
1.2 NAME **ZUKAUKAS, Rita**
1.3 STREET ADDRESS **14940 Vista View Way #603**
1.4 CITY-ST-ZIP **Fort Myers, FL. 33919**

2.1 TITLE **VD** ☐ Change ☐ Addition
2.2 NAME **Pierson, David**
2.3 STREET ADDRESS **14940 Vista View Way #601**
2.4 CITY-ST-ZIP **Fort Myers, FL. 33919**

3.1 TITLE **STD** ☐ Change ☐ Addition
3.2 NAME **Post, Wilmar**
3.3 STREET ADDRESS **14940 Vista View Way #604**
3.4 CITY-ST-ZIP **Fort Myers, FL. 33919**

4.1 TITLE **D** ☐ Change ☐ Addition
4.2 NAME **Starkey, Mary**
4.3 STREET ADDRESS **14940 Vista View Way #602**
4.4 CITY-ST-ZIP **Fort Myers, FL. 33919**

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

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Rita Zukaukas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)