


FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90070 025 ****61.25

* NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000004793					
1. Corporation Name CRYSTAL COVE OF PARKER LAKES TWO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9400 GLADIOLUS DRIVE, SUITE 250 FT MYERS FL 33908			Mailing Address 9400 GLADIOLUS DRIVE, SUITE 250 FT MYERS FL 33908		



2. Principal Place of Business MARQUIS MANAGEMENT 400 GLADIOLUS DR SUITE 100 FORT MYERS, FL. 33908		2a. Mailing Address c/o MARQUIS MANAGEMENT 9400 GLADIOLUS DR SUITE 100 FORT MYERS, FL. 33908		3. Date Incorporated or Qualified 08/20/1998	
4. FEI Number 59-3495096				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent KUSSNER, STEPHEN L ONE TAMPA CITY CENTER, SUITE 2100 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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME REISMAN, JOHN	1.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9400 GLADIOLUS DRIVE, SUITE 250	CITY-ST-ZIP FT MYERS FL 33908	1.2 NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP FT MYERS FL 33908	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	NAME GULLO, VINCE	1.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9400 GLADIOLUS DRIVE, SUITE 250	CITY-ST-ZIP FT MYERS FL 33908	2.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP FT MYERS FL 33908	<input type="checkbox"/> DELETE	2.2 NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD	NAME KNIZNER, DAVE	2.3 STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9400 GLADIOLUS DRIVE, SUITE 250	CITY-ST-ZIP FT MYERS FL 33908	2.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP FT MYERS FL 33908	<input type="checkbox"/> DELETE	3.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	3.2 NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	3.3 STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP 	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	4.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	4.2 NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP 	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	4.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	5.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP 	<input type="checkbox"/> DELETE	5.2 NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	5.3 STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	5.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP 	<input type="checkbox"/> DELETE	6.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	6.2 NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	6.3 STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP 	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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)