

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004793

1. Entity Name

CRYSTAL COVE OF PARKER LAKES TWO CONDOMINIUM ASS

Principal Place of Business

Mailing Address

% MARQUIS AMNAGEMENT
9400 GLADIOLUS DR- STE 100
FT MYERS FL 33908

% MARQUIS AMNAGEMENT
9400 GLADIOLUS DR- STE 100
FT MYERS FL 33908-6698

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

59-3495096

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
% MARQUIS MANAGEMENT INC.
9400 GLADIOLUS DR- STE 100
FT 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 PD ☐ Delete
NAME REISMAN, JOHN
STREET ADDRESS 9400 GLADIOLUS DRIVE, SUITE 250
CITY-ST-ZIP FT MYERS FL 33908

TITLE PD ☐ Change ☐ Addition
NAME TONNESSEN, STANLEY
STREET ADDRESS 9201 LALIQUE LANE #1601
CITY-ST-ZIP FT. MYERS, FL. 33919

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

TITLE VD ☐ Change ☐ Addition
NAME HAAKE, BILL
STREET ADDRESS 9200 LALIQUE LANE #1504
CITY-ST-ZIP FT. MYERS, FL. 33919

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

TITLE T/S ☐ Change ☐ Addition
NAME MACLAREN, JUDITHA.
STREET ADDRESS 14801 CRYSTAL COVE COURT #1004
CITY-ST-ZIP FT. MYERS, FL. 33919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE B ☐ Change ☐ Addition
NAME TREACY, TIM
STREET ADDRESS 9201 LALIQUE LANE #1603
CITY-ST-ZIP FT. MYERS, FL. 33919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☐ Addition
NAME DION, PHILLIP
STREET ADDRESS 9201 LALIQUE LANE #1602
CITY-ST-ZIP FT. MYERS, FL. 33919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Stanley T. Tonnessen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY T. TONNESSEN

2/12/00 (941) 489-0484
Date Daytime Phone #

CR2E037 (9/99)