

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90045 042 \*\*\*\*61.25

**DOCUMENT # N98000004793**

1. Entity Name

**CRYSTAL COVE OF PARKER LAKES TWO CONDOMINIUM ASS**

Principal Place of Business

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

Mailing Address

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

624759



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3495096

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Warren S. Jensen

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

WARREN S. JENSEN Agent *[Signature]*

1/15/01

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 Tim Treacy  
 STREET ADDRESS 9201 Lalique Ln. #1603  
 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 Bill Haake  
 STREET ADDRESS 9200 Lalique Ln  
 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 STD ☐ Change ☒ Addition  
 NAME Judy maelaran  
 STREET ADDRESS 14801 Crystal Cove ct. #1004  
 CITY-ST-ZIP Ft. Myers, FL. 33919

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
 NAME will needleman  
 STREET ADDRESS 14810 Crystal Cove ct. #801  
 CITY-ST-ZIP Ft. Myers, FL. 33919

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
 NAME Stan Tonnessen  
 STREET ADDRESS 9201 Lalique Ln #1601  
 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 an other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)