

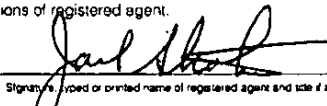
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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY 25 PM 2:39

4001-2000 TALLAHASSEE, FLORIDA

DOCUMENT # N99000002137			
1. Entity Name W.B. OF PARKER LAKES NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919		Mailing Address 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919	
2. Principal Place of Business 6000 Winkler Rd Suite, Apt. #, etc. #2		3. Mailing Address same Suite, Apt. #, etc.	
City & State Ft. Myers, FL		City & State	
Zip 33919		Country US	
4. FEI Number 59-3031051		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TEAGUE, GEORGE 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name: Alliant Property Management LLC Street Address (P.O. Box Number is Not Acceptable): same as above 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  Jack Strohm DATE: 4-26-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, RUSS 14551 DAFFODIL DR #1805 FORT MYERS, FL 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BUTLER, BERNADINE 14571 DAFFODIL DR #2002 FORT MYERS, FL 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T John Cripe 23051 Stonegate Cir Elkhart, IN 46517 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITEZAK, RUTH 14551 DAFFODIL DR #1403 FORT MYERS, FL 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Carol Haniback 14560 Daffodil Dr #904 Ft. Myers, FL 33919 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERCIASEPA, ANN 9340 ALAMANDER CT #606 FT MYERS, FL 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S 14531 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOULTON, DAVID 14551 DAFFODIL DR., #1604 FT MYERS, FL 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John Conrad 9301 Alamander Ct #408 Ft. Myers, FL 33919 ☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Jack Strohm DATE: 4-26-06 DAYTIME PHONE #: 454-1101 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			