2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N99000002137



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03-21-2007 90034 044 ****61.25

6700 WINKLER ROAD, #2	6700
Principal Place of Business	Mailing
W.B. OF PARKER LAKES NEIC ASSOCIATION, INC.	GHBORHOO!
1. Entity Name	

a Address 6700 WINKLER ROAD, #2

FURT WITERS	s, FL 33919)	FORT MYERS, FL 33	919								
						-						HER! BE (111)
2 Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address									
				6719 Winkler Road							#4 11#### (IT)19 F##	ILDI DE IDDI
			Suite, Apt. #, etc.				02232007	Cha ND		CBSEAS	7 (40(06)	
Suite 200			Sutte ?	Sute 200			OLLOLOGY	Chg-NP	,	URZEU3	7 (12/06)	
City & State C			City & State	City & State			4. FEI Numbe	f 1054			Ap	plied For
			 	ort Myers, Rorida			59-3031051 Not Applicable					
			Zip				5. Certificate of Status Desired \$8.75 Additional					
33919 USA 33919					1>4	1	7 Name and	A del	Nam Dani		ee Require	<u> </u>
6. Name and Address of Current Registered Agent					Name		7. Name and	Address of I	New Keg	istered A	Geut	
ALLIANT F	PROPERT	Y MAMAGEMENT, L	LC		ļ							
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FORT MY	ERS, FL 3	33919				4		.101	-cu			
						<u>ملي</u>	2.00				1	
					City	ret.	Myers			FL	Zip Cod	2019
8. The above	named entit	y submits this statement for	the purpose of changing	ts register	ed office or			h, in the State	of Florid	la. I am f	amiliar with,	and accept
the obligat	ions of regist	tered agent.		_		-	•				i.	
											11,	
SIGNATURE .					•		.					
	Signature, typed	or printed name of registered agent a	and title if applicable. (No	OTE: Registere	ed Agent signati	ure required	when reinstating)			DATE		
Filing Fee is \$61.25 9. Election Campa				ampaign f	inancino		\$5.00 uau B		Mak	e check	payable to	D :
Due by May 1, 2007 Trust Fund Col												
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10.	D	OFFICERS AND DIR		11.		<u> </u>	DDITIONS/CH	ANGES TO O	FFICERS	AND DIF		
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I hereby certify that the information supplied with this filling 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 of trustee empswered 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.

ONRAS

SIGNATURE:

made JOHN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239 297-8927

Daytime Phone #