

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

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

DOCUMENT # N99000002137

1. Entity Name  
W.B. OF PARKER LAKES NEIGHBORHOOD  
ASSOCIATION, INC.



Principal Place of Business  
6700 WINKLER ROAD, #2  
FORT MYERS, FL 33919

Mailing Address  
6700 WINKLER ROAD, #2  
FORT MYERS, FL 33919



2. Principal Place of Business - No P.O. Box #  
6719 Winkler Road

3. Mailing Address  
6719 Winkler Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

City & State

Fort Myers, Florida

Fort Myers, Florida

Zip

Country

Zip

Country

33919

USA

33919

USA

02232007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

ALLIANT PROPERTY MANAGEMENT, LLC  
6700 WINKLER ROAD, #2  
FORT MYERS, FL 33919

Name

Street Address (P.O. Box Number is Not Acceptable)

6719 Winkler Road

Suite 200

City

Fort Myers

FL

Zip Code

33919

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

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 D  
NAME ADAMS, RUSS  
STREET ADDRESS 14551 DAFFODIL DR #1805  
CITY-ST-ZIP FORT MYERS, FL 33919 ☒ Delete

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

TITLE STD  
NAME BUTLER, BERNADINE  
STREET ADDRESS 14571 DAFFODIL DR. #2002  
CITY-ST-ZIP FORT MYERS, FL 33919 ☒ Delete

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

TITLE D  
NAME WITEZAK, RUTH  
STREET ADDRESS 14551 DAFFODIL DR #1403  
CITY-ST-ZIP FORT MYERS, FL 33919 ☒ Delete

TITLE D  
NAME Joe Mersi  
STREET ADDRESS 14571 Daffodil Dr #2005  
CITY-ST-ZIP Fort Myers, FL 33919 ☐ Change ☒ Addition

TITLE SD  
NAME PERCIASEPA, ANN  
STREET ADDRESS 9340 ALAMANDER CT #606  
CITY-ST-ZIP FT MYERS, FL 33919 ☒ Delete

TITLE VPD  
NAME Carol Hahlbeck  
STREET ADDRESS 14560 Daffodil Dr. # 904  
CITY-ST-ZIP Fort Myers, FL 33919 ☐ Change ☒ Addition

TITLE S  
NAME MOULTON, DAVID  
STREET ADDRESS 14531 DAFFODIL DR., #1604  
CITY-ST-ZIP FT MYERS, FL 33919 ☐ Delete

TITLE T  
NAME Jack Cripe  
STREET ADDRESS 23651 Stonegate Circle  
CITY-ST-ZIP Elkhart, IN 46517 ☐ Change ☒ Addition

TITLE P  
NAME CONRAD, JOHN  
STREET ADDRESS 9361 ALAMANDER CT., #408  
CITY-ST-ZIP FT. MYERS, FL 33919 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: John Conrad JOHN CONRAD 3/16/07 239 297-8927  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #