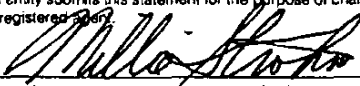
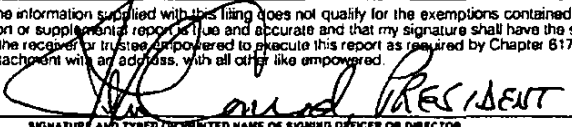


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

04-24-2008 90122 007 ****61.25

DOCUMENT # N99000002137					
1. Entity Name W.B. OF PARKER LAKES NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 6719 WINKLER ROAD SUITE 200 FORT MYERS, FL 33919			Mailing Address 6719 WINKLER ROAD SUITE 200 FORT MYERS, FL 33919		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	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 ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD SUITE 200 FORT MYERS, FL 33919			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		AGENT		DATE 4-18-08	
Filing Fee is \$61.25 Due by May 1, 2008		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	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	MERSL, JOE		NAME		
STREET ADDRESS	14571 DAFFODIL DR #205		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HAHLBECK, CAROL		NAME		
STREET ADDRESS	14560 DAFFODIL DR #904		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	CRIFE, JACK		NAME	TD JACK CRIFE	
STREET ADDRESS	23851 STONEGATE CIRCLE		STREET ADDRESS	9301 Alameda Ct #104	
CITY-ST-ZIP	ELKHART, IN 46517		CITY-ST-ZIP	FT MYERS, FL 33919	
TITLE	S	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	MOULTON, DAVID		NAME	SD DIK Manson	
STREET ADDRESS	14531 DAFFODIL DR., #1804		STREET ADDRESS	14531 Daffodil Dr #1801	
CITY-ST-ZIP	FT MYERS, FL 33919		CITY-ST-ZIP	FT MYERS, FL 33919	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CONRAD, JOHN		NAME		
STREET ADDRESS	9361 ALAMANDER CT., #408		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33919		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME	CARL Smith DD	
STREET ADDRESS			STREET ADDRESS	14581 Daffodil Dr #2106	
CITY-ST-ZIP			CITY-ST-ZIP	FT MYERS, FL 33919	
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: 		PRESIDENT		DATE 4/18/08 239-297-2628	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	

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02072008 Chg-NP CR2E037 (12/06)