2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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May 22, 2008 8:00 am
Secretary of State
04-24-2008 90122 007 ****61.25

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02072008 Chg-NP CR2E037 (12/06)

DOCUMENT # N99000002137

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

Principal Place of Business	Mailing Address
6719 WINKLER ROAD SUITE 200 FORT MYERS, FL 33919	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	7. Name and Address of New Registered Agent
ALLIANT PROPERTY MAMAGEMENT, LLC 6719 WINKLER ROAD SUITE 200 FORT MYERS, FL 33919	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 [signature] Agent 4-18-08
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MERSL, JOE 14571 DAFFOFEL DR #205 FORT MYERS, FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HAHLBECK, CAROL 14560 DAFFODIL DR #904 FORT MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CRIPE, JACK 23651 STONEGATE CIRCLE ELKHART, IN 46517	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Jack Cripe 9301 Alamander Ct #104 FtMyers, FL 33919	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MOULTON, DAVID 14531 DAFFODIL DR., #1604 FT MYERS, FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Dick Manson 14531 Daffodil Dr #1601 FtMyers, FL 33919	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CONRAD, JOHN 9361 ALAMANDER CT., #408 FT. MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CARL Smith DD 14581 Daffodil Dr #2106 FtMyers, 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: [signature] [illegible] PRESIDENT 4/18/08 239-297-2628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #