

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002137

FILED
Mar 11, 2009
Secretary of State

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

Current Principal Place of Business:

6719 WINKLER ROAD
SUITE 200
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

6719 WINKLER ROAD
SUITE 200
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 61-1558601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD
SUITE 200
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: HAHLEBECK, CAROL
Address: 14560 DAFFODIL DR #904
City-St-Zip: FORT MYERS, FL 33919

Title: TD () Delete
Name: CRIPE, JACK
Address: 9301 ALAMENDER CT #104
City-St-Zip: FORT MYERS, FL 33919

Title: SD () Delete
Name: MANSON, DICK
Address: 14531 DAFFODIL DR #1601
City-St-Zip: FORT MYERS, FL 33919

Title: P () Delete
Name: CONRAD, JOHN
Address: 9361 ALAMANDER CT., #408
City-St-Zip: FT. MYERS, FL 33919

Title: DD () Delete
Name: SMITH, CARL
Address: 14581 DAFFODIL DR #2106
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CONRAD, JOHN
Address: 9361 ALAMANDER CT. #408
City-St-Zip: FORT MYERS, FL 33919

Title: VD (X) Change () Addition
Name: CRIPE, JOHN
Address: 9301 ALAMENDER CT #104
City-St-Zip: FORT MYERS, FL 33919

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SHUSTER, DAN
Address: 14570 DAFFODIL DRIVE #805
City-St-Zip: FT. MYERS, FL 33919

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CONRAD

PD

03/11/2009

Electronic Signature of Signing Officer or Director

_____ Date