

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002137

FILED  
Apr 09, 2010  
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: PD  
Name: CONRAD, JOHN  
Address: 9361 ALAMANDER CT. #408  
City-St-Zip: FORT MYERS, FL 33919

Title: VD  
Name: MANSON, DICK  
Address: 14531 DAFFODIL DR. #1601  
City-St-Zip: FORT MYERS, FL 33919

Title: TD  
Name: OCHLAN, MICHELLE  
Address: 9360 ALAMANDER CT. #504  
City-St-Zip: FORT MYERS, FL 33919

Title: SD  
Name: SMITH, CARL  
Address: 14581 DAFFODIL DRIVE #2106  
City-St-Zip: FT. MYERS, FL 33919

Title: D  
Name: DIGINTO, ALBERT  
Address: 9301 ALAMANDER CT. #101  
City-St-Zip: FORT MYERS, FL 33919

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE OCHLAN

TD

04/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date