

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-21-2007 90034 045 ****61.25

DOCUMENT # N99000002143

1. Entity Name
**WILLOW BROOK AT PARKER LAKES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

6700 WINKLER RD

2

FORT MYERS, FL 33919 US

Mailing Address

6700 WINKLER RD

2

FORT MYERS, FL 33919 US

00000180



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

6719 Winkler Road

Suite, Apt. #, etc.

Suite 200

City & State

Fort Myers, Florida

Zip

33919

Country

USA

3. Mailing Address

6719 Winkler Road

Suite, Apt. #, etc.

Suite 200

City & State

Fort Myers, Florida

Zip

33919

Country

USA

02232007 Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0914065

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALLIANT PROP. MGMT
6700 WINKLER RD 2
FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent

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

TITLE **S** ☐ Delete
NAME **PERCIASEPA, ANN**
STREET ADDRESS **9340 ALAMANDER CT #606**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **VD** ☐ Delete
NAME **NELSON, SANDY**
STREET ADDRESS **9341 ALAMANDER CT #301**
CITY-ST-ZIP **FORT MYERS, FL 33919**

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

TITLE **T** ☐ Delete
NAME **BOWEN, WENDY**
STREET ADDRESS **9321 ALAMANDER CT 204**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **D** ☐ Delete
NAME **EMBREE, PATRICIA**
STREET ADDRESS **36 TRAILSSIDE WAY**
CITY-ST-ZIP **ASHLAND, MA 01721**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Conrad **John Conrad** **3/16/07** **239 297-8927**