

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90123 036 ****61.25

DOCUMENT # N99000002143					
1. Entity Name WILLOW BROOK AT PARKER LAKES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6719 WINKLER ROAD SUITE 200 FORT MYERS, FL 33919 US			Mailing Address 6719 WINKLER ROAD SUITE 200 FORT MYERS, FL 33919 US		
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		Country		02072008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0914065				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALLIANT PROP. MGMT 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 <i>Mellie Strohm</i>		AGENT		DATE 4-17-08	
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	S PERCIASEPA, ANN 9340 ALAMANDER CT #606 FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Jack Cripe 9301 Alamander Ct 104 Ft Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NELSON, SANDY 9341 ALAMANDER CT #301 FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Jim Hoagland 9341 Alamander Ct #302 Ft Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONRAD, JOHN 9361 ALAMANDER CT 408 FORT MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Patricia Embree 36 Trailside Way Ashland, MA 01721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOWEN, WENDY 9321 ALAMANDER CT 204 FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sandy Nelson 9341 Alamander Ct #301 Ft Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMBREE, PATRICIA 36 TRAILSSIDE WAY ASHLAND, MA 01721	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sandy Nelson 9341 Alamander Ct #301 Ft Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMBREE, PATRICIA 36 TRAILSSIDE WAY ASHLAND, MA 01721	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sandy Nelson 9341 Alamander Ct #301 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: <i>John Conrad</i>		PRESIDENT		Date 4/18/08 239-297-2628	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					