


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2005 8:00 am
Secretary of State

08-31-2005 90012 049 ****61.25

DOCUMENT # N99000003035 1. Entity Name WILLOW BROOK AT PARKER LAKES II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6213-A PRESIDENTIAL CT FORT MYERS, FL 33919			Mailing Address 6213-A PRESIDENTIAL CT FORT MYERS, FL 33919		
2. Principal Place of Business <i>8270 College Pkwy #103</i> Suite, Apt. #, etc.		3. Mailing Address <i>8270 College Pkwy #103</i> Suite, Apt. #, etc.			
City & State <i>Ft. Myers FL</i> Zip <i>33919</i> Country <i>US</i>		City & State <i>Ft. Myers FL</i> Zip <i>33919</i> Country <i>US</i>		4. FEI Number 65-0842955	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HENKE, CAROL J 6213-A PRESIDENTIAL CT FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name <i>George Teague</i> Street Address (P.O. Box Number is Not Acceptable) <i>8270 College Pkwy #103</i> City <i>Ft. Myers FL</i> Zip Code <i>33919</i>		
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>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (Not for Registered Agent signature required when renewing)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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	PD BURBANK, GREGORY 14550 DAFFODIL DR #1002 FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Schreiner, Dorothy 14570 DAFFODIL DR #803 Ft. Myers, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAHLEBECK, CAROL 14560 DAFFODIL DR #904 FORT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOX, MARY ALICE 14500 DAFFODIL DR # 1102 FORT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cummins, Jacqueline 14580 DAFFODIL DR #701 Ft. Myers, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8-24-05 739-415-7400 <small>Date Daytime Phone #</small>		

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