


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90367 020 \*\*\*\*61.25

<b>DOCUMENT # N99000003035</b> 1. Entity Name <b>WILLOW BROOK AT PARKER LAKES II CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>8270 COLLEGE PARKWAY SUITE 103 FORT MYERS, FL 33919 US</b>			Mailing Address <b>8270 COLLEGE PARKWAY SUITE 103 FORT MYERS, FL 33919 US</b>		
2. Principal Place of Business <b>#2 4700 Winkler Rd</b>		3. Mailing Address <b>Same</b>			
Suite, Apt. #, etc. <b>#2</b>		Suite, Apt. #, etc. <b>Same</b>			
City & State <b>FL Myers, FL</b>		City & State <b>FL Myers, FL</b>			
Zip <b>33919</b>		Country <b>US</b>		4. FEI Number <b>65-0842955</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>TEAGUE, GEORGE 8270 COLLEGE PARKWAY SUITE 103 FORT MYERS, FL 33919</b>			7. Name and Address of New Registered Agent Name <b>Alliant Property Mgmt.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Same as above.</b> City <b>FL</b> 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 <b>Jack Strohm</b> <b>JACK STROHM</b> <b>4.10.06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHREINER, DOROTHY 14570 DAFFODIL DRIVE SUITE 803 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	STD HAHLBECK, CAROL 14560 DAFFODIL DR #904 FORT MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" 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	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINS, JACQUELINE 14580 DAFFODIL DRIVE SUITE 701 FORT MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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 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.					
<b>SIGNATURE: Dorothy Schreiner Dorothy Schreiner 4/12/06 239-433-4151</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					

815-436-3163