

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90476 020 ****61.25

DOCUMENT # N99000003035 1. Entity Name WILLOW BROOK AT PARKER LAKES II CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 6700 WINKLER ROAD #2 FORT MYERS, FL 33919 US		Mailing Address 6700 WINKLER ROAD #2 FORT MYERS, FL 33919 US	
2. Principal Place of Business - No P.O. Box # _____			
Suite, Apt. #, or _____		04192007 Chg-NP CR2E037 (12/06)	
City & State Fort Myers, FL 33919		4. FEI Number 65-0842955	
Zip Fort Myers, FL 33919		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country US		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ALLIANT PROPERTY MANAGEMENT 6700 WINKLER RD #2 FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name _____ Street _____ Alliant Property Management, LLC 6719 Winkler Road, Suite 200 City Fort Myers, FL 33919 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 <u><i>Millie Strohm</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u><i>Millie Strohm Agent</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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 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	VP HAHLBECK, 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	S 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	T CUMMINS, JACQUELINE 14580 DAFFODIL DRIVE SUITE 701 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	<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 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: <u><i>Dorothy Schreiner</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>4/26/07</i></u> <small>Date</small>	
239-433-4151 815-436-3163		Daytime Phone #	