


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90475 012 ****61.25

DOCUMENT # N99000004773

1. Entity Name
GLEN COVE AT PARKER LAKES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**6700 WINKLER RD 2
 FORT MYERS, FL 33919**

Mailing Address
**6700 WINKLER RD 2
 FORT MYERS, FL 33919**

60045550



2. Principal Place of Business

Suite, Apt. #, etc.
Alliant Property Management, LLC

City & State
**6719 Winkler Road, Suite 200
 Fort Myers, FL 33919**

Zip

Country

04192007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0949276

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street /
 City

**Alliant Property Management, LLC
 6719 Winkler Road, Suite 200
 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, and accepts the obligations of registered agent.

SIGNATURE *Millie Strohm* **Millie Strohm, Agent** **4-19-07**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BELLUSO, CARRIE 14631 GLEN COVE DR UNIT 1603 FORT MYERS, FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZADLO, JOSEPH 14641 GLEN COVE DR., #1701 FORT MYERS, FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONNELLY, WALTER 14551 GLEN COVE DR., #801 FORT MYERS, FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURTAGH, NEIL 14621 GLEN COVE DR., #1503 FORT MYERS, FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEIK, ROBERT 14571 GLEN COVE DR 1002 FORT MYERS, FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: *Carrie Belluso* **4/25/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #