

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001163

**Entity Name:** CRYSTAL COVE OF PARKER LAKES CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 20, 2024**  
**Secretary of State**  
**1263901821CC**

**Current Principal Place of Business:**

C/O SUITOR, MIDDLETON, COX & ASSOCIATES  
15751 SAN CARLOS BLVD. SUITE 8  
FORT MYERS, FL 33908

**Current Mailing Address:**

C/O SUITOR, MIDDLETON, COX & ASSOCIATES  
15751 SAN CARLOS BLVD. SUITE 8  
FORT MYERS, FL 33908 US

**FEI Number: 65-0815540**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SUITOR, MIDDLETON, COX & ASSOCIATES  
C/O SUITOR, MIDDLETON, COX & ASSOCIATES  
15751 SAN CARLOS BLVD. SUITE 8  
FORT MYERS, FL 33908 US

*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.*

**SIGNATURE:** WILLIAM P. COX

02/20/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            STRABBING, PATRICIA  
Address        C/O SUITOR, MIDDLETON, COX &  
                  ASSOCIATES  
                  15751 SAN CARLOS BLVD. SUITE 8  
City-State-Zip: FORT MYERS FL 33908

Title            VP, / SECRETARY  
Name            BRYANT, BARRY  
Address        C/O SUITOR, MIDDLETON, COX &  
                  ASSOCIATES  
                  15751 SAN CARLOS BLVD. SUITE 8  
City-State-Zip: FORT MYERS FL 33908

Title            TREASURER  
Name            MCKEE, GAIL  
Address        C/O SUITOR, MIDDLETON, COX &  
                  ASSOCIATES  
                  15751 SAN CARLOS BLVD. SUITE 8  
City-State-Zip: FORT MYERS FL 33908

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** STRABBING, PATRICIA

**PRESIDENT**

02/20/2024

Electronic Signature of Signing Officer/Director Detail

Date