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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35013 (4)

1. Corporation Name
THE GROVE AT PARKER LAKES NEIGHBORHOOD HOMEOWNER S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9400 GLADIOLVS DR SUITE 250 FT MYERS FL 33908 US	9400 GLADIOLVS DR SUITE 250 FT MYERS FL 33908-3692 US

2. Principal Place of Business	2a. Mailing Address
C/O Marquis Management, Inc. 12661 New Brittany Blvd. Fort Myers, Fl. 33907	C/O Marquis Management, Inc. 12661 New Brittany Blvd. Fort Myers, Fl. 33907

3. Date Incorporated or Qualified 11/02/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3026911	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KUSSNER, STEPHEN L
201 N. FRANKLIN STREET
SUITE 2100
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name	Stilphen, Peter
82 Street	Marquis Management, Inc.
83	12661 New Brittany Blvd.
84 City	Fort Myers, Fl. 33907
	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Peter A Stilphen* *Peter A Stilphen* *3/27/97*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	REISMAN, JOHN	
STREET ADDRESS	9400 GLADIOLVS DR. STE 250	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	STD	
NAME	KNIZNER, DAVID	
STREET ADDRESS	9400 GLADIOLVS DR. STE 250	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	VD	
NAME	DAVIDSON, SUE	
STREET ADDRESS	9400 GLADIOLVS DR SUITE 250	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	VD	
NAME	GULLO, VINCIE	
STREET ADDRESS	9400 GLADIOLVS DR STE 250	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME	Hudson, John P/D		
1.3 STREET ADDRESS	14880 LAKE OLIVE DR		
1.4 CITY-ST-ZIP	FT MYERS FL 33919		
2.1 TITLE			
2.2 NAME	Yates, Sandra T/D		
2.3 STREET ADDRESS	9190 MARIGOLD		
2.4 CITY-ST-ZIP	FT MYERS FL 33919		
3.1 TITLE			
3.2 NAME	Kalbfleisch, Jack S/D		
3.3 STREET ADDRESS	14921 LAKE OLIVE DR.		
3.4 CITY-ST-ZIP	FT MYERS FL 33919		
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)