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Apr 22 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35013 (4)

1. Corporation Name

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

Principal Place of Business

Mailing Address

C/O MARQUIS MANAGEMENT INC
12661 NEW BRITTANY BLVD.
FT. MYERS FL 33907
US

C/O MARQUIS MANAGEMENT INC.
12661 NEW BRITTANY BLVD.
FT MYERS FL 33907
US

2. Principal Place of Business

2a. Mailing Address

c/o Marquis Management, Inc.
9400 Gladiolus Drive #100
Fort Myers, FL 33908 US

c/o Marquis Management, Inc.
9400 Gladiolus Drive #100
Fort Myers, FL 33908 US

3. Date Incorporated or Qualified

11/02/1989

4. FEI Number

59-3026911

Applied For

Not Applicable

Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STILPHEN, PETER
MARQUIS MANAGEMENT INC
12661 NEW BRITTANY BLVD.
FT.MYERS FL 33907

81 Stilphen, Peter
82 Marquis Management, Inc.
83 9400 Gladiolus Drive #100
84 Fort Myers, FL 33908 US

85

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	REISMAN, JOHN	
STREET ADDRESS	14880 LAKE OLIVE DR.	
CITY - ST - ZIP	FT MYERS FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	KNIZNER, DAVID	
STREET ADDRESS	9400 GLADIOLVS DR STE 250	
CITY - ST - ZIP	FT MYERS FL 33908	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIDSON, SUE	
STREET ADDRESS	9400 GLADIOLVS DR SUITE 250	
CITY - ST - ZIP	FT MYERS FL 33908	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GULLO, VINCIE	
STREET ADDRESS	9400 GLADIOLVS DR STE 250	
CITY - ST - ZIP	FT. MYERS FL 33908	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	YATES, SANDRA	
STREET ADDRESS	9190 MARIGOLD	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KALBFLESCHE, JACK	
STREET ADDRESS	14921 LAKE OLIVE DR.	
CITY - ST - ZIP	FT. MYERS FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	Wayne Ward
4.4 CITY - ST - ZIP	14911 Lake Olive Dr. FT. Myers, FL 33919
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SD
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PD
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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.

SIGNATURE: Jack Kalbflesch

3-31-98

CR2E037 (10/97)