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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35013

1. Corporation Name

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

Principal Place of Business

C/O MARQUIS MANAGEMENT, INC.
9400 GLADIOLUS DRIVE #100
FT. MYERS FL 33908
US

Mailing Address

C/O MARQUIS MANAGEMENT, INC.
9400 GLADIOLUS DRIVE #100
FT MYERS FL 33908
US

* 4 482314-90151-27



2. Principal Place of Business

MARQUIS MANAGEMENT
100 GLADIOLUS DR SUITE 100
FORT MYERS, FL. 33908

2a. Mailing Address

c/o MARQUIS MANAGEMENT
9400 GLADIOLUS DR SUITE 100
FORT MYERS, FL. 33908

3. Date Incorporated or Qualified

11/02/1989

4. FEI Number

59-3026911

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

STILPHEN, PETER
MARQUIS MANAGEMENT INC.
9400 GLADIOLUS DRIVE #100
FT.MYERS FL 33908

10. Name and Address of New Registered Agent

MICHAEL FLEMING c/o
MARQUIS MANAGEMENT INC.
9400 GLADIOLUS DR. SUITE 100
FORT MYERS, FL. 33908

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

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WARD, WAYNE	
STREET ADDRESS	14911 LAKE OLIVE DRIVE	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	YATES, SANDRA	
STREET ADDRESS	9190 MARIGOLD	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KALBFLESCHE, JACK	
STREET ADDRESS	14921 LAKE OLIVE DR.	
CITY-ST-ZIP	FT. MYERS FL	
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

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Orlando Leone Sr	
1.3 STREET ADDRESS	14510 Lake Olive Drive	
1.4 CITY-ST-ZIP	Fort Myers, FL. 33919	
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 type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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, with all other like empowered.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

Date

Daytime Phone #

CR2E037 (1/98)