2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N35013** May 30, 2000 8:00 am Secretary of State 1. Entity Name THE GROVE AT PARKER LAKES NEIGHBORHOOD HOMEOWNER 05-30-2000 90094 034 ****61.25 Principal Place of Business Mailing Address C/O MARQUIS MANAGEMENT, INC. C/O MARQUIS MANAGEMENT, INC. 9400 GLADIOLUS DRIVE #100 9400 GLADIOLUS DRIVE #100 FT MYERS FL 33908-6698 FT. MYERS FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3026911 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FLEMING, MICHAEL MARQUIS MANAGEMENT INC. 9400 GLADIOLUS DRIVE #100 Zip Code City FT.MYERS FL 33908 8. 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 Stanature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE Delete TITLE KALBFLESCH NAME LEONE SR. ORLANDO NAME 14921 Lake Olive Dr STREET ADDRESS STREET ADDRESS 14510 LAKE OLIVE DR CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33919 Ft. MYERS FL TITLE SD ☐ Delete TITLE Change ☐ Addition DST NAME YATES, SANDRA YATES, SANDY 9190 MAR GOLD STREET ADDRESS STREET ADDRESS 9190 MARIGOLD CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL Hyers, FI. PD ☐ Delete TITLE Change ☐ Addition TITLE knutsen. Ken NAME KALBFLESCH, JACK NAME 14941 Lake Olive Dr. STREET ADDRESS STREET ADDRESS 14921 LAKE OLIVE DR. CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information iccurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with the indicated on this report or supplemental report is to of the corporation or the receiver or trustee employeements. changed, or on an attachment with an address

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CITY-ST-ZIP

SIGNAT