

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90026 018 \*\*\*\*61.25

**DOCUMENT # N35013**  
 1. Entity Name  
**THE GROVE AT PARKER LAKES NEIGHBORHOOD HOMEOWNER S ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
C/O MARQUIS MANAGEMENT, INC. 9400 GLADIOLUS DRIVE #100 FT. MYERS FL 33908 US	C/O MARQUIS MANAGEMENT, INC. 9400 GLADIOLUS DRIVE #100 FT MYERS FL 33908 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>C/o Prime Management</i>	3. Mailing Address <i>C/o Prime Management</i>
Suite, Apt. #, etc. <i>9400 Gladiolus Dr. #100</i>	Suite, Apt. #, etc. <i>9400 Gladiolus Dr. #100</i>
City & State <i>Ft. Myers, FL</i>	City & State <i>Ft. Myers, FL</i>
Zip <i>33908</i>	Country <i>USA</i>
Country <i>USA</i>	Zip <i>33908</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number <b>59-3026911</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**JENSEN, WARREN S**  
**MARQUIS MANAGEMENT INC.**  
**9400 GLADIOLUS DRIVE #100**  
**FT. MYERS FL 33908**

7. Name and Address of New Registered Agent  
 Name *Arlene O'Neill*  
 Street Address (P.O. Box Number is Not Acceptable)  
*C/o Prime Management Group*  
*9400 Gladiolus Dr. #100*  
 City *Ft. Myers* FL Zip Code *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 *Arlene O'Neill* DATE *2/25/02*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
---------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>YATES, SANDY -</b> <b>9190 MARIGOLD</b> <b>FORT MYERS FL 33919</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>KALBFLESH, JACK</b> <b>14921 LAKE OLIVE DR.</b> <b>FORT MYERS FL 33919</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>MOLDOVSKY, NATHAN</b> <b>14931 LAKE OLIVE DRIVE</b> <b>FORT MYERS FL 33919</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>Doug Rae</b> <b>14671 Blackbird Lane</b> <b>Ft. Myers, FL 33919</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jack Kalbflesch* DATE: *1-26-02* DAYTIME PHONE #: *466-3017*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (9/01)