

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90061 016 \*\*\*\*61.25



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

Principal Place of Business      Mailing Address  
 8359 BEACON BLVD      8359 BEACON BLVD  
 # 409      # 409  
 FORT MYERS FL 33907      FORT MYERS FL 33907  
 US      US



1st MOORE      CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
*8359 BEACON BLVD.*      *8359 BEACON BLVD*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*# 417*      *# 417*

City & State      City & State  
*FORT MYERS, FL 33907*      *FORT MYERS FL*

4. FEI Number      Applied For  
 59-3026911      Not Applicable

Zip      Country      Zip      Country  
*33907*      *USA*      *33907*      *USA*

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**NASSOY, SHERRY**  
 8359 BEACON BLVD  
 # 409  
 FORT MYERS FL 33907

7. Name and Address of New Registered Agent  
 Name: *Cornerstone Association Mgt, Inc.*  
*NASSOY, SHERRY*  
 Street Address (P.O. Box Number is Not Acceptable)  
*8359 BEACON BLVD*  
*SUITE 417*  
 City: *FORT MYERS, FL*      FL      Zip Code: *33907*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Sherry Nassoy*      *Sherry Nassoy*      *3/30/07*  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE-NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHANLEY, RICHARD 9201 CLOVE CT FORT MYERS FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECK, BAYNARD R SR 14621 LAKE OLIVE DR FORT MYERS FL 33919 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REYNOLDS, GEORGE 9091 SILVER PALM CT FORT MYERS FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PETERSON, RYAN 14840 BLACKBIRD LN FORT MYERS FL 33-9199 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NORTH, PATRICIA 14971 LAKE OLIVE DR FORT MYERS FL 33919 <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	SD TONY CENTORINO, JR. 14880 LAKE OLIVE DR FORT MYERS, FL 33919 <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	D MARIO IRVELLI 14721 LAKE OLIVE DR FORT MYERS, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Patricia A. North*      *3-29-07*      *239.482.8214*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #