

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35013

FILED
Apr 22, 2012
Secretary of State

Entity Name: THE GROVE AT PARKER LAKES NEIGHBORHOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC
11940 FAIRWAY LAKE DR SUITE 04
FORT MYERS, FL 33913 US

New Principal Place of Business:

Current Mailing Address:

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC
11940 FAIRWAY LAKE DR SUITE 04
FORT MYERS, FL 33913 US

New Mailing Address:

FEI Number: 59-3026911 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NASSOIY, SHERRY
CORNERSTONE ASSOCIATION MGT, INC.
11940 FAIRWAY LAKES DR. SUITE 04
FORT MYERS, FL 33913 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DT
Name: NORTH, PATRICIA
Address: 14971 LAKE OLIVE DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: DP
Name: REYNOLDS, GEORGE
Address: 9091 SILVER PALM CT
City-St-Zip: FORT MYERS, FL 33919

Title: DVP
Name: CENTORINO, JR., TONY
Address: 14880 LAKE OLIVE DR
City-St-Zip: FORT MYERS, FL 33919

Title: DS
Name: PALMER, MARY
Address: 9200 CLOVE CT.
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: WADE, ARVIN
Address: 9190 CLOVE CT.
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHERRY NASSOIY

PRES

04/22/2012

Electronic Signature of Signing Officer or Director

Date