


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90027 036 ****61.25

DOCUMENT # N35013

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



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

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



C/o CornerStone Association Management, Inc.
2137 Davis Blvd.
Ft. Myers, FL

C/o CornerStone Association Management, Inc.
2137 Davis Blvd.
Ft. Myers, FL

CHECK HERE IF MAKING CHANGES

Zip **33905** Country **USA** Zip **33905** Country **USA**

4. FEI Number **59-3026911** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'NEIL, ARLENE
C/O PRIME MGMT GROUP
9400 GLADIOLUS DRIVE #100
FT.MYERS FL 33908

Name **SHERRY NASSOIFY**
C/o CornerStone Association Management, Inc.
2137 Davis Blvd.
Ft. Myers, FL **FL** Zip Code **33905**

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 Nassouify* DATE *January 20, 2003*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST YATES, SANDY 9190 MARI GOLD FORT MYERS FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KALBFLESCHE, JACK 14921 LAKE OLIVE DR. FORT MYERS FL 33919 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RAE, DOUG 14761 BLACKBIRD LANE FORT MYERS FL 33919 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SANDY YATES 9190 MARI GOLD CT FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/D MARIO IRVELLO 14721 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	<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: *Signature Prepared* *1/30/03*

CR2E037 (10/02)