## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35013

Entity Name: THE GROVE AT PARKER LAKES NEIGHBORHOOD

HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:** 

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC 11934 FAIRWAY LAKE DR SUITE 01 FORT MYERS, FL 33913

## **Current Mailing Address:**

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC 11934 FAIRWAY LAKE DR SUITE 01 FORT MYERS, FL 33913 US

FEI Number: 59-3026911 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

NASSOIY, SHERRY CORNERSTONE ASSOCIATION MGT, INC. 11934 FAIRWAY LAKES DR. SUITE 01 FORT MYERS, FL 33913 US

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

Officer/Director Detail:

Title TREASURER Title PRESIDENT

NameNORTH, PATRICIANameREYNOLDS, GEORGEAddress14971 LAKE OLIVE DRIVEAddress9091 SILVER PALM CT

City-State-Zip: FORT MYERS FL 33919 City-State-Zip: FORT MYERS FL 33919

 Title
 VP
 Title
 SECRETARY

 Name
 BECK, ROD
 Name
 BAKER, LEE

Address 14621 LAKE OLIVE DR. Address 9121 LADY BUG CT.

City-State-Zip: FORT MYERS FL 33919 City-State-Zip: FORT MYERS FL 33919

City-State-Zip: FORT MYERS FL 33919 City-State-Zip: FORT MYERS FL 3391

Title DIRECTOR

Name CIPOLLINI, DAVID

Address 14770 LAKE OLIVE DRIVE City-State-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.

Electronic Signature of Signing Officer/Director Detail

FILED Apr 16, 2016

Secretary of State

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