

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35013

Entity Name: THE GROVE AT PARKER LAKES NEIGHBORHOOD
HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 28, 2021
Secretary of State
6147000308CC**Current Principal Place of Business:**C/O CORNERSTONE ASSOCIATION MANAGEMENT INC
11934 FAIRWAY LAKES DR. SUITE 1
FORT MYERS, FL 33913**Current Mailing Address:**C/O CORNERSTONE ASSOCIATION MANAGEMENT INC
11934 FAIRWAY LAKES DRIVE SUITE 1
FORT MYERS, FL 33913 US**FEI Number: 59-3026911****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORNERSTONE ASSOCIATION MANAGEMENT
C/O CORNERSTONE ASSOCIATION MANAGEMENT INC
11934 FAIRWAY LAKES DRIVE SUITE 1
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: SHERRY NASSOIY****04/28/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** TREASURER
Name NORTH, PATTI
Address C/O CORNERSTONE ASSOCIATION
MANAGEMENT INC
11934 FAIRWAY LAKES DRIVE SUITE 1**City-State-Zip:** FORT MYERS FL 33913**Title** PRESIDENT
Name CIPOLLONI, DAVID
Address C/O CORNERSTONE ASSOCIATION
MANAGEMENT INC
11934 FAIRWAY LAKES DRIVE SUITE 1**City-State-Zip:** FORT MYERS FL 33913**Title** SECRETARY
Name RENOSIS, JOHN
Address C/O CORNERSTONE ASSOCIATION
MANAGEMENT INC
11934 FAIRWAY LAKES DRIVE SUITE 1**City-State-Zip:** FORT MYERS FL 33913**Title** VP
Name RILEY, JOHN
Address C/O CORNERSTONE ASSOCIATION
MANAGEMENT INC
11934 FAIRWAY LAKES DRIVE SUITE 1**City-State-Zip:** FORT MYERS FL 33913**Title** DIRECTOR
Name CARBONNEAU, LINNEA
Address C/O CORNERSTONE ASSOCIATION
MANAGEMENT INC
11934 FAIRWAY LAKES DRIVE SUITE 1**City-State-Zip:** FORT MYERS FL 33913

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: DAVID CIPOLLONI**PRESIDENT****04/28/2021**

Electronic Signature of Signing Officer/Director Detail

Date