
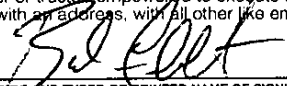


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90036 015 \*\*\*\*61.25

<b>DOCUMENT # N00000002076</b> 1. Entity Name <b>GLEN LAKE ESTATES AT THE VINEYARDS HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>75 VINEYARDS BLVD                  NAPLES, FL 34119</b>			Mailing Address <b>75 VINEYARDS BLVD                  NAPLES, FL 34119</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		01102008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>59-3677292</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>PROPERTY MANAGEMENT PROFESSIONALS                  75 VINEYARDS BLVD                  3RD FLOOR                  NAPLES, FL 34119</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>FELDT, RICK</b> <b>908 GLEN LAKE CIRCLE</b> <b>NAPLES, FL 34119</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>RAINES, GEORGE</b> <b>916 GLEN LAKE CIRCLE</b> <b>NAPLES, FL 34119</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>RUSITZKY, LOUIS</b> <b>940 GLEN LAKE CIRCLE</b> <b>NAPLES, FL 34119</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D michelle willax <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 956 Glen Lake Circle Naples, FL 34119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GRAVEL, PAUL</b> <b>936 GLEN LAKE CIRCLE</b> <b>NAPLES, FL 34119</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>JOHNSON, MARGARET</b> <b>972 GLEN LAKE CIRCLE</b> <b>NAPLES, FL 34119</b>	<input type="checkbox"/> Delete	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"/> Delete	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 exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> 			1/14/08		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					