2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N10644

Entity Name: GLEN LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2750616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
% SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 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: PD ( ) Delete
Name: COAD, MIKE
Address: 8643 18TH WAY N
City-St-Zip: ST PETERSBURG, FL 33702

Title: VPD ( ) Delete
Name: BRUMBELOW, CAMERON
Address: 8653 18TH WAY N
City-St-Zip: ST PETERSBURG, FL 33702

Title: SD ( ) Delete
Name: HENNINGS, RANDY
Address: 1747 87TH TERR N
City-St-Zip: ST PETERSBURG, FL 33702

Title: TD ( ) Delete
Name: LAMER, SCOTT
Address: 1820 GLEN LAKES BLVD N
City-St-Zip: ST PETERSBURG, FL 33702

Title: D ( ) Delete
Name: LISANSKY, EUGENE
Address: 1920 GLEN LAKES BLVD N
City-St-Zip: ST PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: PARDEE, LEAH
Address: 1960 GLEN LAKES BLVD N
City-St-Zip: ST PETERSBURG, FL 33702

Title: VPD (X) Change ( ) Addition
Name: HENNINGS, RANDY
Address: 1747 87TH TERR N
City-St-Zip: ST PETERSBURG, FL 33702

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MIKE COAD PD 04/16/2009

Electronic Signature of Signing Officer or Director — Date