FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:00

DOCUMENT # N37171 (8)

1. Corporation Name

THE VILLAGES OF GLENLAKES HOMEOWNERS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
9000 GLEN LAKES BLVD BROOKSVILLE FL 34613	9000 GLEN LAKES BLVD BROOKSVILLE FL 34613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1990
3a. Date of Last Report: 03/16/1994
4. FEI Number: APPLIED FOR 59-3229657 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BUCHANAN, GALE W
9000 GLEN LAKES BLVD
BROOKSVILLE FL 34613

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City WEEKI WACHEE FL 85 Zip Code 34613

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	TERLED, GEORGE	1.2 NAME	PAUL ORIEL	
STREET ADDRESS	9000 GLEN LAKES BLVD	1.3 STREET ADDRESS	9390 MISSISSIPPI RUN	
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	WEEKI WACHEE, FL 34613	
TITLE	DV	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	DAMRON, EARL	2.2 NAME	JOHN YANNES	
STREET ADDRESS	9000 GLEN LAKES BLVD	2.3 STREET ADDRESS	9443 MISSISSIPPI RUN	
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP	WEEKI WACHEE, FL 34613	
TITLE	DS	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	BRIDGEWATER, ERLE	3.2 NAME	JOE COMI	
STREET ADDRESS	9000 GLEN LAKES BLVD	3.3 STREET ADDRESS	9363 FRENCH QUARREL CIRCLE	
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP	WEEKI WACHEE, FL 34613	
TITLE	D	4.1 TITLE	DT	☒ Change ☐ Addition
NAME	ELSIE, RAY	4.2 NAME	PRISCILLA ORIEL	
STREET ADDRESS	9000 GLEN LAKES BLVD	4.3 STREET ADDRESS	9390 MISSISSIPPI RUN	
CITY-ST-ZIP	BROOKSVILLE FL	4.4 CITY-ST-ZIP	WEEKI WACHEE, FL 34613	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	FRIEBAUM, MEL	5.2 NAME	HANK NARDONE	
STREET ADDRESS	9000 GLEN LAKES BLVD	5.3 STREET ADDRESS	9331 CREOLE COURT	
CITY-ST-ZIP	BROOKSVILLE FL	5.4 CITY-ST-ZIP	WEEKI WACHEE, FL 34613	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joe Comi 4/14/95 904-596-6857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOE COMI, SECT.

00125