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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 34613-4200

3. Date Incorporated or Qualified: 03/21/1990
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business
21 Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-3229651 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Elect on Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~BUCHANAN, GALE W~~
~~9000 GLEN LAKES BLVD~~
~~WEEKI WACHEE FL 34613~~

10. Name and Address of New Registered Agent

81 Name: Glover, Ralph
82 Street Address (P.O. Box Number is Not Acceptable): 9000 Glen Lakes Blvd
83
84 City: ~~Weeki~~ Brooksville FL 85 Zip Code: 34613

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ORIEL, PAUL		1.2 NAME		
STREET ADDRESS	9390 MISSISSIPPI RUN		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEEKI WACHEE FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	YANNES, JOHN		2.2 NAME		
STREET ADDRESS	9443 MISSISSIPPI RUN		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEEKI WACHEE FL		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COMI, JOE		3.2 NAME		
STREET ADDRESS	9363 FRENCH QVARSERS CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEEKI WACHEE FL		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ORIEL, PRISCILLA		4.2 NAME		
STREET ADDRESS	9390 MISSISSIPPI RUN		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEEKI WACHEE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NARDONE, HANK		5.2 NAME		
STREET ADDRESS	9331 CREOLE COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEEKI WACHEE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: _____