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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified

03/21/1990

4. FEI Number

59-3229651

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GLOVER, RALPH
9000 GLEN LAKES BLVD
BROOKSVILLE FL 34613**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	ORIEL, PAUL
STREET ADDRESS	9390 MISSISSIPPI RUN
CITY-ST-ZIP	WEEKI WACHEE FL
TITLE	DV
NAME	YANNES, JOHN
STREET ADDRESS	9443 MISSISSIPPI RUN
CITY-ST-ZIP	WEEKI WACHEE FL
TITLE	DS
NAME	COMI, JOE
STREET ADDRESS	9363 FRENCH OVARSERS CIRCLE
CITY-ST-ZIP	WEEKI WACHEE FL
TITLE	DT
NAME	ORIEL, PRISCILLA
STREET ADDRESS	9390 MISSISSIPPI RUN
CITY-ST-ZIP	WEEKI WACHEE FL
TITLE	D
NAME	NARDONE, HANK
STREET ADDRESS	9331 CREOLE COURT
CITY-ST-ZIP	WEEKI WACHEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP
1.2 NAME	Ted Snyder
1.3 STREET ADDRESS	9339 New Orleans Dr
1.4 CITY-ST-ZIP	Weeki Wachee FL
2.1 TITLE	DV
2.2 NAME	Earl Ramon
2.3 STREET ADDRESS	9126 Rhett Lane
2.4 CITY-ST-ZIP	Weeki Wachee FL
3.1 TITLE	DT
3.2 NAME	Ray Elsie
3.3 STREET ADDRESS	9301 New Orleans Dr.
3.4 CITY-ST-ZIP	Weeki Wachee FL
4.1 TITLE	DS
4.2 NAME	Eirne Posgai
4.3 STREET ADDRESS	9395 New Orleans Dr.
4.4 CITY-ST-ZIP	Weeki Wachee, FL
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0068738

CR2E037 (10/97)