

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90050 031 \*\*\*\*61.25

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01062005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N37171</b>					
1. Entity Name <b>THE VILLAGES OF GLENLAKES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>9000 GLEN LAKES BLVD BROOKSVILLE, FL 34613</b>			Mailing Address <b>9000 GLEN LAKES BLVD BROOKSVILLE, FL 34613</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3229651</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GLOVER, RALPH 9000 GLEN LAKES BLVD BROOKSVILLE, FL 34613</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOLLEY, ROBERT		NAME		
STREET ADDRESS	9485 MISSISSIPPI RUN		STREET ADDRESS		
CITY-ST-ZIP	WEEKI WACHEE, FL 34613		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALLARD, DICK		NAME	<b>DP / RIBHA</b>	
STREET ADDRESS	9317 NEW ORLEANS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WEEKI WACHEE, FL 34613		CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOX, ART		NAME	<b>RICHARD HILL</b>	
STREET ADDRESS	9363 FRENCH QUARTER		STREET ADDRESS	<b>9343 FRENCH QUARTERS CIRCLE</b>	
CITY-ST-ZIP	WEEKI WACHEE, FL 34613		CITY-ST-ZIP	<b>WEEKI WACHEE FL 34613</b>	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SYMONDS, PHYLLIS		NAME		
STREET ADDRESS	9340 CREOLE CT		STREET ADDRESS		
CITY-ST-ZIP	WEEKI WACHEE, FL 34613		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REDMAN, FRIEDA		NAME		
STREET ADDRESS	9359 FRENCH QUARTER		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34613		CITY-ST-ZIP		
TITLE	DA	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANNEMAN, JAMES		NAME	<b>RAY LYNCH</b>	
STREET ADDRESS	9407 NEW ORLEANS DR		STREET ADDRESS	<b>9419 NEW ORLEANS DRIVE</b>	
CITY-ST-ZIP	BROOKSVILLE, FL 34613		CITY-ST-ZIP	<b>WEEKI WACHEE FL 34613</b>	
12. 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 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.					
SIGNATURE: <u>RICHARD BALLARD Richard Ballard</u> PRES HOA 1-21-05 3525925188					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					