
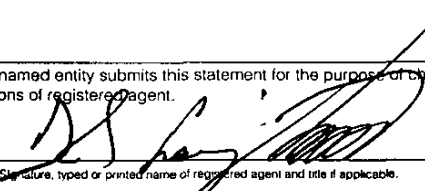


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90014 041 \*\*\*\*61.25

<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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3229651</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GLOVER, RALPH 9000 GLEN LAKES BLVD BROOKSVILLE, FL 34613</b>				Name <b>CRAIGHEAD DAVID</b> Street Address (P.O. Box Number is Not Acceptable) <b>9000 GLEN LAKES BLVD</b> City <b>WEEKI WACHEE FL</b> Zip Code <b>34613</b>	
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 retesting) <span style="float: right;">3/8/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DV PIELISKI, CHESTER 9434 MISSISSIPPI RUN LAKE WORTH, FL 334613</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV Edmund Hickman 9287 NEW ORLEANS PR. Brooksville, FLA 34613</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP BALLARD, DICK 9317 NEW ORLEANS DRIVE WEEKI WACHEE, FL 34613</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT SYMONDS, PHYLLIS 9340 CREOLE CT WEEKI WACHEE, FL 34613</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS REDMAN, FRIEDA 9359 FRENCH QUARTER BROOKSVILLE, FL 34613</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DA TRAMTUETTER, LEE 9371 FRENCH QUARTER CIR BROOKSVILLE, FL 34613</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: Richard Ballard RICHARD BALLARD</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>3-9-07 352 5925190</b> <small>Date Daytime Phone #</small>	