

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90060 046 \*\*\*\*61.25

**DOCUMENT # N37171**

1. Entity Name  
**THE VILLAGES OF GLENLAKES HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**9000 GLEN LAKES BLVD  
BROOKSVILLE, FL 34613**

Mailing Address  
**9000 GLEN LAKES BLVD  
BROOKSVILLE, FL 34613**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3229651**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRAIGHEAD, DAVID  
9000 GLEN LAKES BLVD  
BROOKSVILLE, FL 34613**

Name

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

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DV** ☐ Delete  
NAME **HICKMAN, EDMUND**  
STREET ADDRESS **9287 NEW ORLEANS DR.**  
CITY-ST-ZIP **BROOKSVILLE, FL 34613**

TITLE **DP** ☐ Delete  
NAME **BALLARD, DICK**  
STREET ADDRESS **9317 NEW ORLEANS DRIVE**  
CITY-ST-ZIP **WEEKI WACHEE, FL 34613**

TITLE **DT** ☐ Delete  
NAME **SYMONDS, PHYLLIS**  
STREET ADDRESS **9340 CREOLE CT**  
CITY-ST-ZIP **WEEKI WACHEE, FL 34613**

TITLE **DS** ☐ Delete  
NAME **REDMAN, FRIEDA**  
STREET ADDRESS **9359 FRENCH QUARTER**  
CITY-ST-ZIP **BROOKSVILLE, FL 34613**

TITLE **DA** ☒ Delete  
NAME **TRAMTUETTER, LEE**  
STREET ADDRESS **9371-FRENCH QUARTER CIR**  
CITY-ST-ZIP **BROOKSVILLE, FL 34613**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **Boyles, FRIEDA**  
STREET ADDRESS **9359 French Q**  
CITY-ST-ZIP **Brooksville FL 34613**

TITLE ☒ Change ☐ Addition  
NAME **ALAN ALVERTZ**  
STREET ADDRESS **9383 French Quarters**  
CITY-ST-ZIP **Brooksville, FL 34613**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**SIGNATURE: Richard Ballard RICHARD BALLARD 3-4-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #