

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37173

**FILED**  
**May 30, 2012**  
**Secretary of State**

**Entity Name:** GLENLAKES HOMEOWNERS ASSOCIATION ESTATE I, INC.

**Current Principal Place of Business:**

9780 SOUTHERN BELLE DR  
BROOKSVILLE, FL 34613 US

**New Principal Place of Business:**

**Current Mailing Address:**

9780 SOUTHERN BELLE DR  
BROOKSVILLE, FL 34613 US

**New Mailing Address:**

**FEI Number:** 59-3229648

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RADISON, PATRICIA A  
9780 SOUTHERN BELLE DR  
BROOKSVILLE, FL 34613 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** HERMANN, WILLIAM  
**Address:** 9780 SOUTHERN BELLE DR  
**City-St-Zip:** BROOKSVILLE, FL 34613 US

**Title:** VD  
**Name:** MAC MILLIAN, JOYCE P  
**Address:** 9780 SOUTHERN BELLE DR  
**City-St-Zip:** BROOKSVILLE, FL 34613 US

**Title:** SD  
**Name:** TELANDER, JANE R SECRETA  
**Address:** 9780 SOUTHERN BELLE DR  
**City-St-Zip:** BROOKSVILLE, FL 34613 US

**Title:** TD  
**Name:** RADISON, PATRICIA A TREASUR  
**Address:** 9780 SOUTHERN BELLE DR  
**City-St-Zip:** BROOKSVILLE, FL 34613 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** PATRICIA A. RADISON

TREA

05/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date