

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90022 008 ****61.25

DOCUMENT # N37174 1. Entity Name 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3014134	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLOVER, RALPH 9000 GLEN LAKES BLVD 101 E. KENNEDY BLVD., SUITE 2000 BROOKSVILLE, FL 34613				7. Name and Address of New Registered Agent 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, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD ☐ Delete NAME PARPRITE, NICK STREET ADDRESS 8377 BETHAMY LANE CITY-ST-ZIP WEEKI WACHEE, FL 34613	TITLE PO ☒ Change ☐ Addition NAME Parente, Nick STREET ADDRESS CITY-ST-ZIP 		TITLE NAME STREET ADDRESS CITY-ST-ZIP 		
TITLE DT ☐ Delete NAME CRAIGHEAD, DAVID STREET ADDRESS 9000 GLEN LAKES BLVD CITY-ST-ZIP BROOKSVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP 		TITLE NAME STREET ADDRESS CITY-ST-ZIP 		
TITLE DS ☐ Delete NAME SIMM, DENNIS R STREET ADDRESS 9000 GLEN LAKES BLVD CITY-ST-ZIP BROOKSVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP 		TITLE NAME STREET ADDRESS CITY-ST-ZIP 		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP 		TITLE 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daysime Phone #					