## 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N37174 Ct 23, 2006
Secretary of State

Entity Name: GLENLAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

9000 GLEN LAKES BLVD 9000 GLEN LAKES BLVD WEEKI WACHEE, FL 34613

Current Mailing Address: New Mailing Address:

9000 GLEN LAKES BLVD BROOKSVILLE, FL 34613 9000 GLEN LAKES BLVD WEEKI WACHEE, FL 34613

FEI Number: 59-3014134 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GLOVER, RALPH
9000 GLEN LAKES BLVD
101 E. KENNEDY BLVD., SUITE 2000
BROOKSVILLE, FL 34613 US

CRAIGHEAD, DAVID
9000 GLEN LAKES BLVD
WEEKI WACHEE, FL 34613 US

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: DAVID CRAIGHEAD 10/23/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FILED Oct 23, 2006

Title: PO ( ) Delete Title: ( ) Change ( ) Addition Name: PARENTE, NICK Name:

 Name:
 PARENTE, NICK
 Name:

 Address:
 8377 BETHAMY LANE
 Address:

 City-St-Zip:
 WEEKI WACHEE, FL 34613
 City-St-Zip:

Title: DT () Delete Title: DT (X) Change () Addition
Name: CRAIGHEAD, DAVID,
Address: 9000 GLEN LAKES BLVD
Address: 9000 GLEN LAKES BLVD

Address: 9000 GLEN LAKES BLVD
City-St-Zip: BROOKSVILLE, FL
Address: 9000 GLEN LAKES BLVD
City-St-Zip: WEEKI WACHEE, FL

Title: DS () Delete Title: DS (X) Change () Addition

 Name:
 SIMM, DENNIS R
 Name:
 SIMM, DENNIS R

 Address:
 9000 GLEN LAKES BLVD
 Address:
 9000 GLEN LAKES BLVD

 City-St-Zip:
 BROOKSVILLE, FL
 City-St-Zip:
 WEEKI WACHEE, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID CRAIGHEAD DT 10/23/2006