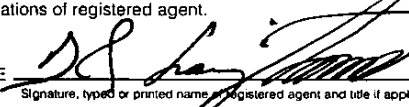
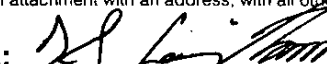


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-13-2007 90014 047 ****61.25

DOCUMENT # N37174 1. Entity Name GLENLAKES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 9000 GLEN LAKES BLVD WEEKI WACHEE, FL 34613				Mailing Address 9000 GLEN LAKES BLVD WEEKI WACHEE, FL 34613	
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 59-3014134	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAIGHEAD, DAVID 9000 GLEN LAKES BLVD WEEKI WACHEE, FL 34613				7. Name and Address of New Registered Agent Name CRAIGHEAD, DAVID Street Address (P.O. Box Number is Not Acceptable) 9000 GLEN LAKES BLVD City WEEKI WACHEE FL Zip Code 34613	
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  DATE 3/8/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	PO PARENTE, NICK 8377 BETHAMY LANE WEEKI WACHEE, FL 34613	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PARENTE, NICHOLAS 8360 SHERMAN CIR WEEKI WACHEE, FL 34613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CRAIGHEAD, DAVID 9000 GLEN LAKES BLVD WEEKI WACHEE, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SIMM, DENNIS R 9000 GLEN LAKES BLVD WEEKI WACHEE, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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.					
SIGNATURE:  DAVID CRAIGHEAD				DATE: 3/8/07 DAYTIME PHONE: 352 597-9000	