2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N47424

Entity Name: VILLAGES OF GLENLAKES HOMEOWNERS ASSOCIATION VILLA II, INC.

Current Principal Place of Business:

9000 GLEN LAKES BLVD.
BROOKSVILLE, FL 34613

New Principal Place of Business:

9000 GLEN LAKES BLVD
WEEKI WACHEE, FL 34613 US

Current Mailing Address:

9000 GLEN LAKES BLVD.
BROOKSVILLE, FL 34613

New Mailing Address:

9000 GLEN LAKES BLVD
WEEKI WACHEE, FL 34613 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAIGHEAD, DAVID
9000 GLEN LAKES BLVD.
BROOKSVILLE, FL 34613 US

Name and Address of New Registered Agent:

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 03/04/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PARENTE, NICK
Address: 8360 SHERMAN CIRCLE
City-St-Zip: WEEKIWACHEE, FL 34613

Title: TD ( ) Delete
Name: CRAIGHEAD, DAVID,
Address: 9000 GLEN LAKES BLVD.
City-St-Zip: WEEKI WACHEE, FL 34613

Title: SD ( ) Delete
Name: SIMM, DENNIS R
Address: 9000 GLEN LAKES BLVD
City-St-Zip: WEEKI WACHEE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PARENTE, NICHOLAS
Address: 8360 SHERMAN CIR
City-St-Zip: WEEKI WACHEE, FL 34613 US

Title: TD (X) Change ( ) Addition
Name: CRAIGHEAD, DAVID,
Address: 9000 GLEN LAKES BLVD
City-St-Zip: WEEKI WACHEE, FL 34613 US

Title: SD (X) Change ( ) Addition
Name: SIMM, DENNIS R
Address: 9000 GLEN LAKES BLVD
City-St-Zip: WEEKI WACHEE, FL 34613 US

I hereby certify that the information supplied with this filing does not qualify 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: NICHOLAS PARENTE D 03/04/2009
Electronic Signature of Signing Officer or Director Date