


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N47426</b>		
1. Entity Name GLENLAKES HOMEOWNERS ASSOCIATION, ESTATE SECTION, PHASE I, UNIT II A, INC.		
Principal Place of Business 9000 GLEN LAKES BLVD. BROOKSVILLE, FL 34613	Mailing Address 9000 GLEN LAKES BLVD. BROOKSVILLE, FL 34613	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  GLOVER, RALPH S. 9000 GLEN LAKES BLVD. BROOKSVILLE, FL 34613		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		UN00000433613 02/24/06-80025-012 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO PARENTE, NICK 8377 BETHANY LANE WEEKI WACHEE, FL 34613	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO CRAIGHEAD, DAVID 9000 GLEN LAKES BLVD. BROOKSVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMMS, DENNIS R. 9000 GLEN LAKES DR. BROOKSVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 II.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



02032006 No Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**