

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50300

FILED
Mar 10, 2011
Secretary of State

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

Current Principal Place of Business:

9000 GLEN LAKES BLVD
WEEKI WACHEE, FL 34613 US

New Principal Place of Business:

9000 GLENLAKES BLVD
WEEKI WACHEE, FL 34613 US

Current Mailing Address:

9000 GLEN LAKES BLVD
WEEKI WACHEE, FL 34613 US

New Mailing Address:

9000 GLENLAKES 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
WEEKI WACHEE, FL 34613 US

Name and Address of New Registered Agent:

CRAIGHEAD, DAVID
9000 GLENLAKES 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: _____

Electronic Signature of Registered Agent

03/10/2011

Date

OFFICERS AND DIRECTORS:

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

Title: TD
Name: CRAIGHEAD, DAVID
Address: 9000 GLENLAKES BLVD
City-St-Zip: WEEKI WACHEE, FL 34613 US

Title: SD
Name: SIMM, DENNIS R
Address: 9000 GLENLAKES BLVD
City-St-Zip: WEEKI WACHEE, FL 34613 US

I hereby 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 all other like empowered.

SIGNATURE: NICHOLAS PARENTE

D

03/10/2011

Electronic Signature of Signing Officer or Director

Date