2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N50301

1. Entity Name



FILED Mar 10, 2008 8:00 am Secretary of State 03-10-2008 90053 005 ****61.25

THE VILL	AGES OF GLENLAKES, P	HASE I, UNIT V	I, INC.							
9000 GLEN LAKES BLVD.			Mailing Address 9000 GLEN LAKES BLVD. BROOKSVILLE, FL 34613			- 1 (111) 101 881 83 10	EIRT IIII DEIDI HAI	1181 B181 B1	1 1 1	KHEL OLITE
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	02202008 Ch	ıg-NP	CR2E03	37 (12/06)	
City & State		City & State	City & State			4. FEI Number Applied For NOT APPLICABLE Not Applicable				
Zip	Country	Zip ·	Č	Country		5. Certificate of Sta	atus Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		Name		7. Name and Add	ess of New R	egistered /	Agent	
	AD, DAVID									
	N LAKES BLVD. /ILLE, FL 34613			Street Ac	adress (F	P.O. Box Number is N	lot Acceptable	 -		
				City				FL	Zip Cod	le
8. The above the obligat	named entity submits this statement fortions of registered agent.	or the purpose of chan	ging its regist	tered office or	registere	ed agent, or both, in	the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE										
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Regist	stered Agent signatu	re required	when reinstating)		DATE	.	
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Elect	(NOTE: Regist tion Campaign Fund Contrib	ın Financing		\$5.00 May Be Added to Fees	M	ake check	payable t	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Elect Trust RECTORS	ion Campaign Fund Contrib	in Financing bution.		\$5.00 May Be	M Flor	ake check ida Depar	RECTORS IN	tate
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12. I hereby certify that the information supplied with this filling 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

NICHOZAS PARENTE

Daytime Phone #