

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90053 048 ****61.25

DOCUMENT # N50302



1. Entity Name
GLENLAKES, ESTATES SECTION, PHASE I, UNIT VII,
INC.

Principal Place of Business
9000 GLEN LAKES BLVD.
BROOKSVILLE, FL 34613

Mailing Address
9000 GLEN LAKES BLVD.
BROOKSVILLE, FL 34613

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202008

Chg-NP

CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAIGHEAD, DAVID
9000 GLEN LAKES BLVD.
WEEKIWACHEE, FL 34613

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
CRAIGHEAD, DAVID
9000 GLEN LAKES BLVD.
WEEKIWACHEE, FL 34613 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SIMM, DENNIS R
9000 GLEN LAKES BLVD.
WEEKIWACHEE, FL 34613 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PARENTE, NICHOLAS
8360 SHERMAN CIR
WEEKIWACHEE, FL 34613 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICHOLAS PARENTE

Date

Daytime Phone #