

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50302

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** GLENLAKES HOMEOWNERS ASSOCIATION ESTATE VII, 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  
WEEKIWACHEE, 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:

03/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: PD  
Name: PARENTE, NICHOLAS  
Address: 8360 SHERMAN CIR  
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

PD

03/10/2011

Electronic Signature of Signing Officer or Director

Date