

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003209

FILED  
Mar 20, 2012  
Secretary of State

**Entity Name:** GLENLAKE AT BLUEWATER BAY PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1940 BLUEWATER BLVD.  
#11  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

**Current Mailing Address:**

1940 BLUEWATER BLVD.  
#11  
NICEVILLE, FL 32578 US

**New Mailing Address:**

**FEI Number:** 59-3147721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HALEY, ANN  
106 LINDA CT  
NICEVILLE, FL 32578 US

**Name and Address of New Registered Agent:**

COLEY, CHARLENE  
1442 CYPRESS ST  
NICEVILLE, FL 32578 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: CHARLENE COLEY

03/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: PARNELL, JESS  
Address: 1544 GLENLAKE CR  
City-St-Zip: NICEVILLE, FL 32578

Title: T  
Name: KLAUSUTIS, NORMAN  
Address: 1550 GLENLAKE CIR  
City-St-Zip: NICEVILLE, FL 32578

Title: VP  
Name: SEAGO, KEITH  
Address: 1518 GLENLAKE CIR  
City-St-Zip: NICEVILLE, FL 32578

Title: D  
Name: WHITEMORE, LYNN  
Address: 1561 GLENLAKE CIRCLE  
City-St-Zip: NICEVILLE, FL 32578

Title: P  
Name: GARCIA, ROBERT  
Address: 1534 GLENLAKE CIR  
City-St-Zip: NICEVILLE, FL 32578 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: ROBERT GARCIA

P

03/20/2012

Electronic Signature of Signing Officer or Director

Date