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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002002 (1)

1. Corporation Name

VILLAS I AT GLEN ABBEY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10491 SIX MILE CYPRESS PARKWAY STE 101 FORT MYERS FL 33912	10491 SIX MILE CYPRESS PARKWAY STE 101 FORT MYERS FL 33912-6408

2. Principal Place of Business
c/o Gulf Coast Management Services
10060 Amberwood Road, Suite 3
Fort Myers, Florida 33913

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10060 Amberwood Road, Suite 3
Fort Myers, Florida 33913

3. Date Incorporated or Qualified: 04/10/1996
3a. Date of Last Report:

4. FEI Number: 65-0674110 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SWALM & MURRELL PA
2375 TAMIAMI TRAIN NO STE 308
NAPLES FL 33940

10. Name and Address of New Registered Agent

B1 Name: Robert E. Gelles
B2 Street Address (P.O. Box Number is Not Acceptable):
c/o Gulf Coast Management Services
B3 10060 Amberwood Road, Suite 3
B4 City: Fort Myers, Florida 33913 FL B5 Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Robert E. Gelles — Signature, typed or printed name of registered agent and title if applicable. Robert E. Gelles (NOTE: Registered Agent signature required when reinstating) DATE: 4/26/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERSICHILLI, ANTHONY 10491 SIX MILE CYPRESS PARKWAY STE 101 FORT MYERS FL 33912	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCMURRAY, DARIN 10491 SIX MILE CYPRESS PARKWAY STE 101 FORT MYERS FL 33912	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURNS, ALAN 10491 SIX MILE CYPRESS PARKWAY STE 101 FORT MYERS FL 33912	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED 4/26/97 Anthony Persichilli (941)732-9867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0066651