

FILE NOW: FILING FEE IS \$61.25

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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002002 (1)**
1. Corporation Name

VILLAS I AT GLEN ABBEY ASSOCIATION, INC.



Principal Place of Business C/O GULF COAST MANAGEMENT SERVICES 10080 AMBERWOOD RD., STE. 3 FORT MYERS FL 33913 US	Mailing Address C/O GULF COAST MANAGEMENT SERVICES 10080 AMBERWOOD RD., STE. 3 FORT MYERS FL 33913 US
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3. Date Incorporated or Qualified
04/10/1996

4. FEI Number
65-0674110

Applied For
Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GELLES, ROBERT E.
C/O GULF COAST MANAGEMENT SERVICES
10080 AMBERWOOD RD., STE. 3
FT. MYERS FL 33913**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

14. I 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:

Anthony Persicilli **Anthony Persicilli** 3-18-98 941-732-9867

CR2E037 (10/97)