2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004
Secretary of State

DOCUMENT# N96000002002

Entity Name: VILLAS I AT GLEN ABBEY ASSOCIATION, INC.

Current Principal Place of Business:

C/O NEWELL PROPERTY MGMT
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

C/O NEWELL PROPERTY MGMT
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0674110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWELL, WILLIAM
5435 JAEGER ROAD #4
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BOSWORTH, BOB
Address: 8811 NAPLES HERITAGE DRIVE
City-St-Zip: NAPLES, FL 34112

Title: VD ( ) Delete
Name: O'BRIEN, PAT
Address: 8731 NAPLES HERITAGE DRIVE
City-St-Zip: NAPLES, FL 34112

Title: SD ( ) Delete
Name: KAMUNDO, PETER
Address: 8783 NAPLES HERITAGE DRIVE
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: CLAUW, JOSEPH
Address: 8854 NAPLES HERITAGE DRIVE
City-St-Zip: NAPLES, FL 34112

Title: TD (X) Delete
Name: SPITZ, JACK
Address: 8850 NAPLES HERITAGE DRIVE
City-St-Zip: NAPLES, FL 34104

Title: D (X) Delete
Name: SPECKMAN, ART
Address: 8795 NAPLES HERITAGE DRIVE
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: RAMUNDO, PETER
Address: 8783 NAPLES HERITAGE DRIVE
City-St-Zip: NAPLES, FL 34112

Title: TD (X) Change ( ) Addition
Name: SPITZ, JACK
Address: 8850 NAPLES HERITAGE DRIVE
City-St-Zip: NAPLES, FL 34112

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BOB BOSWORTH PD 02/25/2004

Electronic Signature of Signing Officer or Director — Date