

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002002

FILED  
Jan 19, 2005  
Secretary of State

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: RAMUNDO, PETER  
Address: 8783 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 34112

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change ( ) Addition  
Name: O'BRIEN, PAT  
Address: 8731 NAPLES HERITAGE DRIVE  
City-St-Zip: NAPLES, FL 34112

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

01/19/2005

Electronic Signature of Signing Officer or Director

Date