2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

10060 AMBERWOOD RD

MYERS Ft. 33913

DOCUMENT # N9600004999

Principal Place of Business

10000 AMBERWOOD RD

ET-MYERS FL 33913

VILLAS II AT GLEN ABBEY ASSOCIATION, INC.



FILED Apr 28, 2003 8:00 am § Secretary of State

04-28-2003 90953 035 ****61.25

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CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0703981 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of New Registered Agent Name and Address of Current Registered Agent ---HAYDEN, KEN _10060_AMBERWOOD_RD-SUITE 4 ELMXERO FL 33913 8. The above named entity submits to talement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered ager SIGNATURE Signature, typed or printed frame of registered agent and title if applicable DATE 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Addition TITLE Delete TITLE NAME DORNER, THEODORE NAME STREET ADDRESS 8210 NAPLES HERITAGE DRIVE STREET ADDRESS CITY-ST-ZIP NAPLES FL 34112 CITY-ST-ZIP ☐ Delete TITLE TITLE NAME CALANZARO: DAVID NAME STREET ADDRESS **8202 NAPLES HERIDATE DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 ☐ Addition ☐ Delete MODERHACK, DONALD R NAME NAME **8238-NAPLES HERITAGE-DRIVE** STREET ADDRESS STREET ADDRES CITY-ST-ZIP NAPLES FL 34112 CITY-ST-7IP Addition ☐ Change TITLE Delete TITLE NAME NAME Dive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITI F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachmen with)an address, with all other like empow

SIGN