

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37171

**Entity Name:** VILLAGES OF GLENLAKES HOMEOWNERS ASSOCIATION  
VILLA I, INC.

**FILED**  
**Mar 30, 2016**  
**Secretary of State**  
**CC4762219239**

**Current Principal Place of Business:**

9000 GLEN LAKES BLVD  
WEEKI WACHEE, FL 34613

**Current Mailing Address:**

9000 GLEN LAKES BLVD  
WEEKI WACHEE, FL 34613 US

**FEI Number: 59-3229651**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CRAIGHEAD, DAVID  
9000 GLEN LAKES BLVD  
WEEKI WACHEE, FL 34613 US

*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

**Officer/Director Detail :**

Title VP  
Name ALVAREZ, ALAN  
Address 9383 FRENCH QUARTERS CIRCLE  
City-State-Zip: WEEKI WACHEE FL 34613

Title T  
Name CAMPBELL, FAYE  
Address 9217 CYPRESS COVE  
City-State-Zip: WEEKI WACHEE FL 34613

Title P  
Name BAIRD, JAMES  
Address 9383 BOURBON STREET  
City-State-Zip: WEEKI WACHEE FL 34613

Title S  
Name TRAUTVETTER, LEROY  
Address 9371 FRENCH QUARTERS CIRCLE  
City-State-Zip: WEEKI WACHEE FL 34613

*I hereby 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 all other like empowered.*

**SIGNATURE: JAMES BAIRD**

**PRESIDENT**

**03/30/2016**

Electronic Signature of Signing Officer/Director Detail

Date