

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002002

Entity Name: VILLAS I AT GLEN ABBEY ASSOCIATION, INC.**Current Principal Place of Business:**C/O CAMBRIDGE PROPERTY MGMT OF SWFL
2335 TAMIAMI TRAIL N 402
NAPLES, FL 34103**Current Mailing Address:**C/O CAMBRIDGE PROPERTY MGMT OF SWFL
2335 TAMIAMI TRAIL N 402
NAPLES, FL 34103 US**FEI Number:** 65-0674110**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAMBRIDGE PROPERTY MANAGEMENT OF NAPLES
C/O CAMBRIDGE PROPERTY MGMT OF SWFL
2335 TAMIAMI TRAIL N 402
NAPLES, FL 34103 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:** LOMBARDI , MARY JANE

04/11/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	LOMBARDI, MARY JANE
Address	C/O CAMBRIDGE PROPERTY MGMT OF SWFL 2335 TAMIAMI TRAIL N 402
City-State-Zip:	NAPLES FL 34103

Title	VD
Name	LUKENS, GARY
Address	C/O CAMBRIDGE PROPERTY MGMT OF SWFL 2335 TAMIAMI TRAIL N 402
City-State-Zip:	NAPLES FL 34103

Title	SECRETARY
Name	HARTMANN, WILLIAM
Address	C/O CAMBRIDGE PROPERTY MGMT OF SWFL 2335 TAMIAMI TRAIL N 402
City-State-Zip:	NAPLES FL 34103

Title	DIRECTOR
Name	BROWN, JOHN
Address	C/O CAMBRIDGE PROPERTY MGMT OF SWFL 2335 TAMIAMI TRAIL N 402
City-State-Zip:	NAPLES FL 34103

Title	TREASURER
Name	GOECKEL, WILLIAM
Address	C/O CAMBRIDGE PROPERTY MGMT OF SWFL 2335 TAMIAMI TRAIL N 402
City-State-Zip:	NAPLES FL 34103

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: LOMBARDI , MARY JANE

PRESIDENT

04/11/2016

Electronic Signature of Signing Officer/Director Detail

Date