## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 14, 2008 8:00 am Secretary of State 02-14-2008 90023 004 \*\*\*\*61.25

## **DOCUMENT # N32911**

1. Entity Name COUNTRY GLEN ASSOCIATION, INC.



C/O GABLES PROPERTY MANAGEMENT, INC. C/O 1495 NORTHPARK DR. 149		ailing Address /O GABLES PROPERTY MANAGEMENT, INC. 495 NORTHPARK DR. IESTON, FL 33326				IN 8181 11811 BIBN 8181 8181 818		
Principal Place of Business - No P.O. Box # SVS 3. Mailing Address Hat &								
495	offipark bive 1	495° NOATO	alk Dive	<del></del>	g-NP (	CR2E037 (12/06)		
WOSTO	n Flonda II	165700 FID	ridas	4. FEI Number 65-017133!	9	<del> </del>	oplied For ot Applicable	
233	16 195A 3	392210	Eguptry A	5. Certificate of Sta	atus Desired	\$8.75 Ad	ditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
STRALEY & OTTO, P.A.				Name				
2699 STIRLING ROAD			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
SUITE C-207 FT. LAUDERDALE, FL 33312								
			City			FL Zip Cod	le	
8. 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. I am familiar with, and accept								
the obligations of registered agent.								
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Con		\$5.00 May Be Added to Fees		e check payable to Department of S		
10.	OFFICERS AND DIRECT	ORS	11.	ADDITIONS/CHANGE	S TO OFFICERS	AND DIRECTORS IN	l 10	
TITLE	Р	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	SHIR, GUY 1495 NORTHPARK DR		NAME					
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326		STREET ADDRESS CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	FEDERKIL, ED	<u> </u>	NAME			criange	[] Addition	
STREET ADDRESS	1495 NORTHPARK DR		STREET ADORESS					
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326 S/T		CITY-ST-ZIP	1101011		<del></del>		
NAME	MCEACHIN, SUSAN	☐ Delete	NAME SOL	$\frac{364014}{60}$	ichin,	Change	☐ Addition	
STREET ADDRESS	1495 NORTHPARK DR			XIII MUCCO	17 Now a			
CITY-ST-ZIP			STREET ADDRESS [144]	KINMANIYIY	$V$ 1)11 $V$ $\sim$			
	FORT LAUDERDALE, FL 33326		CITY-ST-ZIP	STON, HO	ida 3	3326		
TITLE	D	☐ Delete	1 199	Son, Flor	ida 3	3326 X Change	Addition	
TITLE NAME	D BRYDGER, BONNIE	☐ Delete	CITY-ST-ZIP TITLE NAME	Son, Flor easurer nnie Bryd	ida 3	<i>-</i> •	Addition	
TITLE	D BRYDGER, BONNIE 1495 NORTHPARK DR	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	Son, Flored Surer	ida 3	<i>-</i> •	☐ Addition	
TITLE NAME STREET ADDRESS	D BRYDGER, BONNIE		CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Ston, Flores and Property of the Police of t	ida 3	1e33321	<i>.</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYDGER, BONNIE 1495 NORTHPARK DR FORT LAUDERDALE, FL 33326	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	Ston, Florescape of the ston, Florescape of the ston, Florescape of the ston o	onida Skin	123330 Change	Addition  Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D BRYDGER, BONNIE 1495 NORTHPARK DR FORT LAUDERDALE, FL 33326 P KRISCHER, STEVE 1495 NORTHPARK DR		CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	Son, Florescent of the sound of	onida Skin	1e33321	<i>.</i>	
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pur accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if officer by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee of changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR