2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000838

FILED Mar 02, 2005 Secretary of State

Entity Name: CARDINAL GLEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779 **New Mailing Address: Current Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 FEI Number: 59-3431221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434, SUITE 5000 LONGWOOD, FL 327795044 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BANKOWITZ, FRANK MUNI, FRANK Name: Name: 165 W. STATE ROAD 434 Address: 1470 TOWHEE RUN Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: OVIEDO, FL 32765 Title: VPD Title: () Delete (X) Change () Addition MATTIS, BOB Name: ROUX, LISA Name: Address: 165 W. STATE ROAD 434 Address: 4082 CARDINAL GLEN PL City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: OVIEDO, FL 32765 Title: STD () Delete Title: SD (X) Change () Addition ROUX, LISA CALKINS, MICHAEL Name: Name: 1482 TOWHEE RUN Address: 165 W SR 434 Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: OVIEDO, FL 32765 Title: () Delete Title: () Change (X) Addition Name: Name: BROUSSARD, LIZ 4079 CARDINAL GLEN PL Address: Address: City-St-Zip: City-St-Zip: OVIEDO, FL 32765 Title: () Delete Title: () Change (X) Addition SHAFFER, ANDY Name: Name: 4095 CARDINAL GLEN PL Address: Address: OVIEDO, FL 32765 City-St-Zip: 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: FRANK MUNI PD 03/02/2005