

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000838

FILED
Mar 13, 2006
Secretary of State

Entity Name: CARDINAL GLEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3431221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: MUNI, FRANK
Address: 1470 TOWHEE RUN
City-St-Zip: OVIEDO, FL 32765

Title: VPD () Delete
Name: ROUX, LISA
Address: 4082 CARDINAL GLEN PL
City-St-Zip: OVIEDO, FL 32765

Title: SD () Delete
Name: CALKINS, MICHAEL
Address: 1482 TOWHEE RUN
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: BROUSSARD, LIZ
Address: 4079 CARDINAL GLEN PL
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: SHAFFER, ANDY
Address: 4095 CARDINAL GLEN PL
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: LASATER, FRANK
Address: 4099 CARDINAL GLEN PL
City-St-Zip: OVIEDO, FL 32765

Title: TD (X) Change () Addition
Name: BRADOW, BILL
Address: 1462 TOWHEE RUN
City-St-Zip: OVIEDO, FL 32765

Title: VPD (X) Change () Addition
Name: ROUX, LISA
Address: 4082 CARDINAL GLEN PL
City-St-Zip: OVIEDO, FL 32765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: SHAFFER, ANDY
Address: 4095 CARDINAL GLEN PL
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ANDY SHAFFER

PD

03/13/2006

Electronic Signature of Signing Officer or Director

_____ Date