2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000838

FILED Apr 11, 2008 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition LASATER, FRANK DWYER, DONNA Name: Name: 4099 CARDINAL GLEN PL Address: 1482 TOWHEE RUN Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765

Title: Title: SD (X) Change () Addition () Delete BRADOW, BILL Name: BRADOW, BILL Name:

Address: 1462 TOWHEE RUN Address: 1462 TOWHEE RUN City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765

Title: () Delete Title: PD (X) Change () Addition HUTCHINSON, DAVID HUTCHINSON, DAVID Name: Name:

1463 TOWHEE RUN Address: Address: 1463 TOWHEE RUN City-St-Zip: **OVIEDO, FL 32765** City-St-Zip: OVIEDO, FL 32765

Title: () Delete Title: () Change () Addition

Name: BROUSSARD, ELIZABETH Name: 4079 CARDINAL GLEN PL Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip:

Title: () Delete Title: VPD (X) Change () Addition

SHAFFER, ANDY Name: Name: SHAFFER, ANDY 4095 CARDINAL GLEN PL 4095 CARDINAL GLEN PL Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify 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: DAVID HUTCHINSON PD 04/11/2008