FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State
03-10-1999 90117 040 ****61.25

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DOCUMENT # N32911

1. Corporation Name

COUNTRY GLEN ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1690 SOUTH CONGRESS AVE. SUITE 200 DELRAY BEACH FL 33445	1690 SOUTH CONGRESS AVE. SUITE 200 DELRAY BEACH FL 33445

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/20/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0171339 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

D'ADDARIO, MERLE
1690 S CONGRESS AVE
SUITE 200
DELRAY BCH FL 33445

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	D'ADDARIO, MERLE		1.2 NAME		
STREET ADDRESS	1690 S CONGRESS AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		1.4 CITY-ST-ZIP		
TITLE	~~VPSD~~	☐ DELETE	2.1 TITLE	VPSTD	☒ Change ☐ Addition
NAME	LEVY, JOANN		2.2 NAME		
STREET ADDRESS	1690 S CONGRESS AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		2.4 CITY-ST-ZIP		
TITLE	STD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	~~COULSON, SABRINA~~		3.2 NAME	JERRY RUSKIN	
STREET ADDRESS	1690 S CONGRESS AVE		3.3 STREET ADDRESS	1690 S. Congress Ave. Suite 200	
CITY-ST-ZIP	DELRAY BCH FL		3.4 CITY-ST-ZIP	Delray Beach, Florida 33445	
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEVY, RICHARD D.		4. 2 NAME		
STREET ADDRESS	1690 S CONGRESS AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: Joann Levy SIGNATURE REQUIRED Joann Levy Sec. 2/3/99 954-437-6103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #