

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32911

Entity Name: COUNTRY GLEN ASSOCIATION, INC.**Current Principal Place of Business:**1495 NORTHPARK DR.
WESTON, FL 33326**Current Mailing Address:**1495 NORTHPARK DR.
WESTON, FL 33326**FEI Number:** 65-0171339**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STRALEY & OTTO, P.A.
2699 STIRLING ROAD
SUITE C-207
FT. LAUDERDALE, FL 33312 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

Officer/Director Detail :

Title VP
Name SHIR, GUY
Address 1495 NORTHPARK DR
City-State-Zip: FORT LAUDERDALE FL 33326

Title DIRECTOR
Name GERSTEIN, WARREN
Address 1495 NORTHPARK DR
City-State-Zip: FORT LAUDERDALE FL 33326

Title D
Name COLONESSE, CHISTOPHER
Address 1495 NORTHPARK DR
City-State-Zip: WESTON FL 33326

Title DIRECTOR
Name ROBINS, CORY
Address 1495 NORTH PARK DR
City-State-Zip: WESTON FL 33326

Title PRESIDENT
Name BOMSTEIN, BRIAN
Address 1495 NORTHPARK DR
City-State-Zip: FORT LAUDERDALE FL 33326

Title D
Name LUSARDI, GARY
Address 1495 NORTHPARK DR
City-State-Zip: FORT LAUDERDALE FL 33326

Title D
Name STEVE, KRISCHER
Address 1495 NORTHPARK DR
City-State-Zip: FORT LAUDERDALE FL 33326

Title DIRECTOR
Name MILLER, ED
Address 1495 NORTH PARK DR
City-State-Zip: WESTON FL 33326

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I hereby 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 all other like empowered.

SIGNATURE: BRIAN BOMSTEIN

PRESIDENT

03/26/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|--------------------|
| Title | DIRECTOR |
| Name | KAUFMAN, ALLEN |
| Address | 1495 NORTH PARK DR |
| City-State-Zip: | WESTON FL 33326 |