

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90299 019 ***150.00

DOCUMENT # 220524

1. Entity Name
COUNTRY GARDEN APTS., INC



Principal Place of Business
1001-1051 ATLANTIC SHORES BLVD.
HALLANDALE, FL 33009

Mailing Address
1001-1051 ATLANTIC SHORES BLVD.
HALLANDALE, FL 33009



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0867441

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAMMYER, SUSAN
5975 W SUNRISE BLVD., #216
SUNRISE, FL 33313

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DUENCH, ARNOLD
STREET ADDRESS	1001 ATLANTIC SHORES BLVD
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	S
NAME	TRILIO, DON
STREET ADDRESS	1001 ATLANTIC SHORES BLVD
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	D
NAME	MORROW, LAWRENCE
STREET ADDRESS	1001 ATLANTIC SHORES BLVD
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	V
NAME	WHITAKER, LOUIS
STREET ADDRESS	1001 ATLANTIC SHORES BLVD
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	D
NAME	CASELLA, CARLO
STREET ADDRESS	1001 ATLANTIC SHORES BLVD
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	T
NAME	KIRKWOOD, EDNA <i>Andie Bouffard</i>
STREET ADDRESS	1001 ATLANTIC SHORES BLVD
CITY-ST-ZIP	HALLANDALE, FL 33009

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IN THIS SPACE**

12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #