2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 8:00 am
Secretary of State
02-15-2008 90015 050 ***163.75

#163.75

DOCUMENT # 220524

1. Entity Name

COUNTRY GARDEN APTS., INC

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

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1001-1051 Atlantic Shore	SAME
Suite, Apt. #, etc. OFFICE	Suite, Apt. #, etc.
City & State Hallandale, FL.	City & State Hallandale FL.
Zip 33009 Country BROWARD	Zip 33009 Country BROWARD

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	7. Name and Address of New Registered Agent
PICARD, LYNE 1001-1051 ATLANTIC SHORES BLVD. HALLANDALE FL 33009	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Lyn Picard Lyne Picard 2-8-08
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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☒ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LOMBARDO, JAMES 1001 ATLANTIC SHORES BLVD HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Whitaker, Sheila 1001 Atlantic Shore Blvd. Hallandale, FL. 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CAPARELLI, ERNEST 1001 ATLANTIC SHORES BLVD HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Boast 1001 Atlantic Shore Blvd. Hallandale, FL. 33009	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MORROW, LAWRENCE 1001 ATLANTIC SHORES BLVD HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Henriette St. Pierre 1001 Atlantic Shore Blvd Hallandale, FL. 33009	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITAKER, LOUIS 1001 ATLANTIC SHORES BLVD HALLANDALE FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Clavoe Roddox 17800 N. Bay Rd. Apt. 901 Sunny Isles, FL 33160	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PICARD, LYNE 1001 ATLANTIC SHORES BLVD HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANLON, PAUL 1001 ATLANTIC SHORES BLVD HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: James Lombardo Jan Lombardo 1/27/08 610 453-0760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #