2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# 770124

Entity Name: COUNTRY GARDENS I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1608 SUNNY BROOK LANE NE
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

1608 SUNNY BROOK LANE NE
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 59-2355775 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PENNELL, MARGRET
1649 SUNNYBROOK LN NE B206
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	PENNELL, MARGRET	
Address:	1649 SUNNY BROOKLIN NE B206	
City-St-Zip:	PALM BAY, FL 32905	
Title:	VP	( ) Delete
Name:	MARTIN, ARNOLD	
Address:	1633 SUNNY BROOK LANE NE H201	
City-St-Zip:	PALM BAY, FL 32905	
Title:	TD	( ) Delete
Name:	MCGANN, BEVERLY	
Address:	1649 SUNNYBROOK LN NE B107	
City-St-Zip:	PALM BAY, FL 32905	
Title:	SD	( ) Delete
Name:	HEITZ, CHERYL	
Address:	SUNNYBROOK LN NE	
City-St-Zip:	PALM BAY, FL 32905	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: MARGARET PENNELL PD 02/12/2009

Electronic Signature of Signing Officer or Director — Date