

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00110

FILED
Feb 12, 2009
Secretary of State

Entity Name: COUNTRY GARDENS II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% LEOLA HAWKINS
1608 SUNNY BROOK LANE, NE, E107
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

% LEOLA HAWKINS
1608 SUNNY BROOK LANE, NE, E107
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 59-2355777 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JARVI, BRADLEY R
1608 SUNNY BROOK LANE NE E107
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: VD () Delete
Name: WILSON, MAUREEN
Address: 1521 KELLY STREET NE
City-St-Zip: PALM BAY, FL 32909

Title: SD () Delete
Name: MULLAGHY, MICHAEL
Address: 1600 SUNNY BROOK LN NE, F210
City-St-Zip: PALM BAY, FL 32905

Title: TD () Delete
Name: GRANT, VIRGINIA
Address: 1608 SUNNY BROOK LN NE, E205
City-St-Zip: PALM BAY, FL 32905

Title: PD () Delete
Name: HAWKINS, LEOLA
Address: 1648 SUNNY BROOK LN M206
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: MURRAY, GARTH
Address: 1698 SUNNY BROOK LN G206
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:

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: LEOLA HAWKINS

PD

02/12/2009

Electronic Signature of Signing Officer or Director

Date