2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N01537

Entity Name: THE GLENS AT COUNTRY CREEK, INC.

Current Principal Place of Business:

4962 N PALM AVENUE
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 677307
ORLANDO, FL 328677307 US

New Mailing Address:

FEI Number: 59-2921481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRASCA, JOSEPH
C/O PREFERRFED COMMUNITY MGMT, INC.
4962 N PALM AVENUE
WINTE PARK, FL 32792 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:	STD	( ) Delete
Name:	TETRO, ERNEST	
Address:	1232 BENT OAK TRAIL	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	PD	( ) Delete
Name:	WOODROW, ROBERT K	
Address:	1253 LEATHERWOOD DRIVE	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	VP	( ) Delete
Name:	BARTOLI, JAMES	
Address:	1251 LEATHERWOOD DR	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	D	( ) Delete
Name:	HENDERSON, JAYNE	
Address:	1273 LEATHERWOOD DRIVE	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	D	( ) Delete
Name:	STOUTE, JAMES	
Address:	1252 LEATHERWOOD DR	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	D	( ) Delete
Name:	BLACKMON, GARY	
Address:	1261 QUAIL WALK DR	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VPD	(X) Change ( ) Addition
Name:	BARTOLI, JAMES	
Address:	1251 LEATHERWOOD DR	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
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: JOSEPH FRASCA RA 04/20/2009

Electronic Signature of Signing Officer or Director — Date