

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006643

FILED  
May 23, 2005  
Secretary of State

**Entity Name:** COUNTRY GLEN PROPERTY OWNERS, INC.

**Current Principal Place of Business:**

765 C.R. 13  
ST. AUGUSTINE, FL 32092

**New Principal Place of Business:**

765 COUNTY ROAD 13  
ST. AUGUSTINE, FL 32092

**Current Mailing Address:**

765 C.R. 13  
ST. AUGUSTINE, FL 32092

**New Mailing Address:**

765 COUNTY ROAD 13  
ST. AUGUSTINE, FL 32092

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DAVENPORT, GARY B ESQ.  
4 OLD KINGS ROAD NORTH  
SUITE B  
PALM COAST, FL 32137 US

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: GARY B. DAVENPORT

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MOSCARELLO, MARK  
Address: 765 C.R. 13  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D ( ) Delete  
Name: JACOBS, CAMERON  
Address: 765 C.R. 13  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D ( ) Delete  
Name: JACOBS, KERI A  
Address: 765 C.R. 13  
City-St-Zip: ST. AUGUSTINE, FL 32092

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK MOSCARELLO

PRES

05/23/2005

Electronic Signature of Signing Officer or Director

Date