

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 21, 2006 8:00 am
Secretary of State

05-05-2006 90155 006 ****61.25

DOCUMENT # N03000006643 1. Entity Name COUNTRY GLEN PROPERTY OWNERS, INC.					
Principal Place of Business 765 COUNTY ROAD 13 ST. AUGUSTINE FL 32092				Mailing Address 765 COUNTY ROAD 13 ST. AUGUSTINE FL 32092	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVENPORT, GARY B ESQ. 4 OLD KINGS ROAD NORTH SUITE B PALM COAST FL 32137				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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	MOSCARELLO, MARK		NAME		
STREET ADDRESS	765 C.R. 13		STREET ADDRESS		
CITY- ST- ZIP	ST. AUGUSTINE FL 32092		CITY- ST- ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	JACOBS, CAMERON		NAME		
STREET ADDRESS	765 C.R. 13		STREET ADDRESS		
CITY- ST- ZIP	ST. AUGUSTINE FL 32092		CITY- ST- ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	JACOBS, KERI A		NAME		
STREET ADDRESS	765 C.R. 13		STREET ADDRESS		
CITY- ST- ZIP	ST. AUGUSTINE FL 32092		CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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 617, 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:			4-25-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					