

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED

**Apr 24, 2008 08:00 AM
Secretary of State**

DOCUMENT # N04000008902

1. Entity Name

**CONGLETON SUBDIVISION HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business

**965 TABIT ROAD
BELLE GLADE FL 33430**

Mailing Address

**P O BOX 1762
BELLE GLADE FL 33430**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

AP-PLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONGLETON, JAY M
965 TABIT ROAD
BELLE GLADE FL 33430**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Any signed Agent signature is required when registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **CONGLETON, JAY M**
CITY-STATE-ZIP **965 TABIT ROAD
BELLE GLADE FL 33430**

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **CONGLETON, LORI K**
CITY-STATE-ZIP **965 TABIT ROAD
BELLE GLADE FL 33430**

TITLE ☐ Delete
NAME **DST**
STREET ADDRESS **CONGLETON, MITCHELL**
CITY-STATE-ZIP **141 SE 4TH ST N
BELLE GLADE FL 33430**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **U000000921029**
CITY-STATE-ZIP **05/14/08-80066-020 61.25**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

Jay M Congleton

4/23/08

561-996-0555