2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N04000008902

Entity Name: CONGLETON SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

965 TABIT ROAD
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

P O BOX 1762
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CONGLETON, JAY M
38064 CONGLETON DRIVE
BELLE GLADE, FL 33430 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: _____ 04/30/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CONGLETON, JAY M
Address: 965 TABIT ROAD
City-St-Zip: BELLE GLADE, FL 33430

Title: DV ( ) Delete
Name: CONGLETON, LORI K
Address: 965 TABIT ROAD
City-St-Zip: BELLE GLADE, FL 33430

Title: DST ( ) Delete
Name: CONGLETON, MITCHELL
Address: 141 SE 4TH ST N
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: CONGLETON, JAY M
Address: 38064 CONGLETON DRIVE
City-St-Zip: BELLE GLADE, FL 33430

Title: DV (X) Change ( ) Addition
Name: CONGLETON, LORI K
Address: 38064 CONGLETON DRIVE
City-St-Zip: BELLE GLADE, FL 33430

Title: DST (X) Change ( ) Addition
Name: CONGLETON, MITCHELL
Address: 101 NW AVENUE F
City-St-Zip: BELLE GLADE, FL 33430

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: LORI CONGLETON DV 04/30/2009
Electronic Signature of Signing Officer or Director — Date