

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 07, 2009  
Secretary of State**

DOCUMENT# N04762

Entity Name: COUNTRY GROVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4442 COUNTRY GROVE BLVD  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

4442 COUNTRY GROVE BLVD  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

FEI Number: 59-2641312      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ST. JOHN, CORE & LEMME, P.A.  
1601 FORUM PLACE  
#701  
WEST PALM BEACH, FL 33401 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: P ( ) Delete  
Name: CUMBIE, CORY  
Address: 4442 COUNTRY COVE BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VP ( ) Delete  
Name: ROGERS, CONNIE  
Address: 4378 COUNTRY GROVE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: T ( ) Delete  
Name: CARROLL, SAMANTHA  
Address: 4454 COUNTRY COVE BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: S ( ) Delete  
Name: HEATON, JEANNE  
Address: 4394 COUNTRY GROVE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33406

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: HERNANDEZ, SUZELL  
Address: 4386 COUNTRY GROVE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33406

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: CORY M. CUMBIE

P

03/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date