2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# N30408

Entity Name: COUNTRY GLEN COMMONS ASSOCIATION, INC.

Current Principal Place of Business:

BAYVIEW PROPERTY MANAGEMENT
500 LOGAN BLVD SOUTH
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

BAYVIEW PROPERTY MANAGEMENT
500 LOGAN BLVD SOUTH
NAPLES, FL 34119 US

New Mailing Address:

FEI Number: 65-0127196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WRIGHT, RUSSELL J
500 LOGAN BLVD SOUTH
NAPLES, FL 34119 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: TD ( ) Delete
Name: BROWN, DOUG
Address: 7300 GLENMOOR LANE, #1307
City-St-Zip: NAPLES, FL 34104

Title: PD ( ) Delete
Name: LEMBO, MICHAEL
Address: 7340 GLENMOOR LANE #3201
City-St-Zip: NAPLES, FL 34104

Title: VPD ( ) Delete
Name: CICOLONI, ED
Address: 7320 GLENMOOR LANE #1304
City-St-Zip: NAPLES, FL 34104

Title: DS ( ) Delete
Name: MUELLER, MELVIN
Address: 7360 GLENMOOR LANE 4107
City-St-Zip: NAPLES, FL 34101

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:

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: DOUG BROWN TD 04/09/2008

Electronic Signature of Signing Officer or Director — Date