

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30408

FILED  
Apr 13, 2009  
Secretary of State

**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:**

BAYVIEW PROPERTY MANAGEMENT  
6017 PINE RIDGE ROAD 241  
NAPLES, FL 34119 US

**Current Mailing Address:**

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

**New Mailing Address:**

BAYVIEW PROPERTY MANAGEMENT  
6017 PINE RIDGE ROAD 241  
NAPLES, FL 34119 US

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

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date