

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31706

FILED
Apr 13, 2009
Secretary of State

Entity Name: COUNTRY GLEN TWO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

500 LOGAN BLVD SOUTH
NAPLES, FL 34119 US

New Principal Place of Business:

6017 PINE RIDGE ROAD 241
NAPLES, FL 34119 US

Current Mailing Address:

500 LOGAN BLVD SOUTH
NAPLES, FL 34119 US

New Mailing Address:

6017 PINE RIDGE RD 241
NAPLES, FL 34119 US

FEI Number: 65-0127194

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: PD () Delete
Name: PURCELL, ROBERT
Address: 7320 GLENMOOR LANE, #2310
City-St-Zip: NAPLES, FL 34104

Title: VPD () Delete
Name: INNAMORATI, PATTY
Address: 7320 GLENMOOR LANE
City-St-Zip: NAPLES, FL 34104

Title: TD () Delete
Name: ZACCAGNINO, BILL
Address: 7320 GLENMOOR LANE
City-St-Zip: NAPLES, FL 34104

Title: SD () Delete
Name: DIRADO, TRACY LYNN
Address: 7320 GLENMOORE LANE
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: TRENTO, MICHAEL
Address: 7320 GLENMOOR LANE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PURCELL, PAT
Address: 7320 GLENMOOR LANE, #2310
City-St-Zip: NAPLES, FL 34104

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: PAT PURCELL

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date