

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 03 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N32911 (2)**  
 1. Corporation Name  
**COUNTRY GLEN ASSOCIATION, INC.**



Principal Place of Business 1690 SOUTH CONGRESS AVE. SUITE 200 DELRAY BEACH FL 33445	Mailing Address 1690 SOUTH CONGRESS AVE. SUITE 200 DELRAY BEACH FL 33445
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3. Date Incorporated or Qualified <b>06/20/1989</b>	
4. FEI Number <b>65-0171339</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

**9. Name and Address of Current Registered Agent**

D'ADDARIO, MERLE  
1690 S CONGRESS AVE  
SUITE 200  
DELRAY BCH FL 33445

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	D'ADDARIO, MERLE	
STREET ADDRESS	1690 S CONGRESS AVE	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	VD	<input type="checkbox"/>
NAME	LEVY, JOANN	
STREET ADDRESS	1690 S CONGRESS AVE	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	STD	<input type="checkbox"/>
NAME	COULSON, SABRINA	
STREET ADDRESS	1690 S CONGRESS AVE	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	<del>AST</del>	<input checked="" type="checkbox"/>
NAME	<del>NUNEZ, ANTONIO</del>	
STREET ADDRESS	<del>1690 S CONGRESS AVE</del>	
CITY-ST-ZIP	<del>DELRAY BCH FL</del>	
TITLE	AS	<input type="checkbox"/>
NAME	LEVY, RICHARD D.	
STREET ADDRESS	1690 S CONGRESS AVE	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	V.P./A.S./D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **RETO Ann Levy 1/20/98 561-274-2000 x230**

CR2E037 (10/97)