

2000 UNIFORM BUSINESS REPORT (UBR)

5/8

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-08-2000 90007 004 ***61.25

DOCUMENT #

N32911 R

1. Entity Name

COUNTRY GLEN ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1690 South Congress Ave
Suite 200
Delray Beach FL 33445

6300 Park of Commerce Blvd
Boca Raton, FL
33487

2. Principal Place of Business

3. Mailing Address

6300 Park of Commerce Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

4. FEI Number

65-0171339

Applied For

Not Applicable

Zip

Country

Zip

Country

33487

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

D'Addario, Merle
1690 S. Congress Ave
Suite 200
Delray Beach FL 33445

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PP	☐ Delete
NAME	D'Addario, Merle	
STREET ADDRESS	1690 S. Congress Ave	
CITY-ST-ZIP	Delray Beach FL	
TITLE	VP STD	☐ Delete
NAME	Levy, JoAnn	
STREET ADDRESS	1690 S. Congress Ave	
CITY-ST-ZIP	Delray Beach FL	
TITLE		☒ Delete
NAME	Jerry Ruskin	
STREET ADDRESS	1690 S. Congress Ave	
CITY-ST-ZIP	Delray Beach FL 33445	
TITLE		☐ Delete
NAME	Levy, Richard D.	
STREET ADDRESS	1690 S. Congress Ave	
CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-00 561-274-2000

CR2E037 (9/99)