


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90008 030 ****61.25

DOCUMENT # N32911			
1. Entity Name COUNTRY GLEN ASSOCIATION, INC.			
Principal Place of Business 1690 SOUTH CONGRESS AVE. SUITE 200 DELRAY BEACH FL 33445		Mailing Address 15951 SW 41 STREET SUITE 150 DAVIE FL 33331	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 65-0171339	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHNITZER, STEVE 15951 SW 41ST STREET, #150 DAVIE FL 33331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILLER, NOAH 13481 PARKSIDE TERR. COOPER CITY FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOAH MILLER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD FEDERKEIL, ED 13235 LAKESIDE TERR. COOPER CITY FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALLEN MC EACHIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5041 BROOKSTONE TER COOPER CITY FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TRAVERS, JOHN 13380 PARKSIDE TERR. COOPER CITY FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Guy SHIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5783 LAKEWOOD DR COOPER CITY FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ABELSON, JOSH <input checked="" type="checkbox"/> Delete 13185 SPRING LAKE DR. COOPER CITY FL 33330	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JOSEPH BONOMO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5067 COUNTRY BROOK DR COOPER CITY FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALLEN BRIDGER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13383 LAKE POINTE CIR COOPER CITY FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAS FERNANDEZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13486 MAJESTIC WAY COOPER CITY FL 33330

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 #

2/11/04

9543842410