


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90085 039 ****61.25

DOCUMENT # N32911 1. Entity Name COUNTRY GLEN ASSOCIATION, INC.					
Principal Place of Business C/O GABLES PROPERTY MANAGEMENT, INC. 3300 CORPORATE AVE, SUITE 110 WESTON, FL 33331			Mailing Address C/O GABLES PROPERTY MANAGEMENT, INC. 3300 CORPORATE AVE, SUITE 110 WESTON, FL 33331		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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			7. Name and Address of New Registered Agent		
STRALEY & OTTO, P.A. 3990 SHERIDAN ST, SUITE 109 HOLLYWOOD, FL 33021			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D Vice President MILLER, NOAH 13481 PARKSIDE TERR. COOPER CITY, FL 33330		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIP MILLER, NOAH 3300 Corporate Ave, Suite 110 Weston FL 33331	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WTD D FEDERKEIL, ED 13235 LAKESIDE TERR. COOPER CITY, FL 33330		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEDERKEIL, ED 3300 Corporate Ave, #110 Weston FL 33331	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRAVERS, JOHN 13381 PARKSIDE TERR. COOPER CITY, FL 33330		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCEACHIN, SUSAN 3300 Corporate Ave, #110 Weston FL 33331	
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BONOMO, JOSEPH 5067 COUNTRY BROOK DR. COOPER CITY, FL 33330		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BONOMO, JOSEPH 3300 Corporate Ave, Suite 110 Weston, FL 33331	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYDGER, ALLEN 13383 LAKE POINTE CIR COOPER CITY, FL 33330		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOMSTEIN, BRIAN 3300 Corporate Ave, #110 Weston, FL 33331	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, JAY 13486 MATESTIC WAY COOPER CITY, FL 33330		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIR, GUY 3300 Corporate Ave, #110 Weston, FL 33331	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <i>Allen Brydger</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/5/05 <small>Date</small>		
			<small>Daytime Phone #</small>		