


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		4. FEI Number 65-0171339	
Zip		Country		Applied For Not Applicable	
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	
				FL	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ DATE _____ <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	D Vice President	<input type="checkbox"/> Delete	TITLE	VIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, NOAH		NAME	MILLER, NOAH	
STREET ADDRESS	13481 PARKSIDE TERR.		STREET ADDRESS	3300 Corporate Ave, Suite 110	
CITY-ST-ZIP	COOPER CITY, FL 33330		CITY-ST-ZIP	Weston FL 33331	
TITLE	VIP D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEDERKEIL, ED		NAME	FEDERKEIL, ED	
STREET ADDRESS	13235 LAKESIDE TERR.		STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	COOPER CITY, FL 33330		CITY-ST-ZIP	Weston FL 33331	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRAVERS, JOHN		NAME	MCEACHIN, SUSAN	
STREET ADDRESS	13381 PARKSIDE TERR.		STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	COOPER CITY, FL 33330		CITY-ST-ZIP	Weston FL 33331	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONOMO, JOSEPH		NAME	BONOMO, JOSEPH	
STREET ADDRESS	5067 COUNTRY BROOK DR.		STREET ADDRESS	3300 Corporate Ave, Suite 110	
CITY-ST-ZIP	COOPER CITY, FL 33330		CITY-ST-ZIP	Weston, FL 33331	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRYDGER, ALLEN		NAME	BOMSTEIN, BRIAN	
STREET ADDRESS	13383 LAKE POINTE CIR		STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	COOPER CITY, FL 33330		CITY-ST-ZIP	Weston, FL 33331	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, JAY		NAME	SHIR, GUY	
STREET ADDRESS	13486 MATESTIC WAY		STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	COOPER CITY, FL 33330		CITY-ST-ZIP	Weston, FL 33331	
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>			Date: 3/5/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		