

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32911

FILED
Jan 27, 2009
Secretary of State

Entity Name: COUNTRY GLEN ASSOCIATION, INC.

Current Principal Place of Business:

CENTURY MANAGEMENT SVS
1495 NORTH PARK DR.
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

CENTURY MANAGEMENT SVS
1495 NORTH PARK DR.
WESTON, FL 33326

New Mailing Address:

FEI Number: 65-0171339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRALEY & OTTO, P.A.
2699 STIRLING ROAD
SUITE C-207
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHIR, GUY
Address: 1495 NORTH PARK DR
City-St-Zip: FORT LAUDERDALE, FL 33326

Title: D () Delete
Name: FEDERKIL, ED
Address: 1495 NORTH PARK DR
City-St-Zip: FORT LAUDERDALE, FL 33326

Title: S () Delete
Name: MCEACHIN, SUSAN
Address: 1495 NORTH PARK DR
City-St-Zip: FORT LAUDERDALE, FL 33326

Title: T () Delete
Name: BRYDGER, BONNIE
Address: 1495 NORTH PARK DR
City-St-Zip: FORT LAUDERDALE, FL 33326

Title: VP () Delete
Name: BOMSTEIN, BRIAN
Address: 1495 NORTH PARK DR
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: FERNANDEZ, JAY
Address: 1495 NORTH PARK DR
City-St-Zip: FORT LAUDERDALE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE CORT

LCAM

01/27/2009

Electronic Signature of Signing Officer or Director

_____ Date