

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90074 025 ****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
**6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487**

90017274



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
**15951 S.W. 41 STREET
SUITE 150
DAVIE, FL 33331**

4. FEI Number **65-0171339** Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**D'ADDARIO, MERLE
1690 S CONGRESS AVE
SUITE 200
DELRAY BCH FL 33445**

7. Name and Address of New Registered Agent
Name **Steve SCHWITZER**
Street Address (P.O. Box Number is Not Acceptable)
15951 SW 41st Street #150
City **DAVIE FL** Zip Code **33331**

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 **1-29-2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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		
TITLE PD	<input checked="" type="checkbox"/> Delete	
NAME D'ADDARIO, MERLE		
STREET ADDRESS 1690 S CONGRESS AVE		
CITY-ST-ZIP DELRAY BCH FL		
TITLE VSTD	<input checked="" type="checkbox"/> Delete	
NAME LEWY, JOANN		
STREET ADDRESS 1690 S CONGRESS AVE		
CITY-ST-ZIP DELRAY BCH FL		
TITLE D	<input checked="" type="checkbox"/> Delete	
NAME LEWY, RICHARD D.		
STREET ADDRESS 1690 S CONGRESS AVE		
CITY-ST-ZIP DELRAY BEACH FL 33445		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MILLER NOAH		
STREET ADDRESS 13401 PARKSIDE TERRACE		
CITY-ST-ZIP COOPER CITY FL 33330		
TITLE V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FEDERKEIL ED		
STREET ADDRESS 13235 LAKESIDE TERRACE		
CITY-ST-ZIP COOPER CITY FL 33330		
TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME TRAVERS JOHN		
STREET ADDRESS 13380 PARKSIDE TERRACE		
CITY-ST-ZIP COOPER CITY FL 33330		
TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME ABELSON JOSH		
STREET ADDRESS 13185 SPRINGBLAKE DRIVE		
CITY-ST-ZIP COOPER CITY FL 33330		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: President **1/28/03** 9546776306

CR2E037 (10/02)