

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

3. Mailing Address

15951 S.W. 41 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc. **SUITE 150**

City & State

City & State **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**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-2003

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	LEVY, JOANN	
STREET ADDRESS	1690 S CONGRESS AVE	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEVY, 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	13165 SPRINGBLAKE DRIVE	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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:

NOAH MILLER President

1/28/03

9546776306