

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000753

FILED
Feb 05, 2010
Secretary of State

Entity Name: COUNTRY WOOD ESTATES PUD NO. 1 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

SWIFT MANAGEMANET & SOLUTIONS
1750 UNIVERSIRTY DR #205
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

SWIFT MANAGEMENT & SOLUTIONS
1750 UNIVERSIRTY DR #205
CORAL SPRINGS, FL 33071 US

Current Mailing Address:

SWIFT MANAGEMANET & SOLUTIONS
1750 UNIVERSIRTY DR #205
CORAL SPRINGS, FL 33071 US

New Mailing Address:

SWIFT MANAGEMENT & SOLUTIONS
1750 UNIVERSIRTY DR #205
CORAL SPRINGS, FL 33071 US

FEI Number: 65-0952078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWIFT MANAGEMENT & SOLUTIONS
1750 UNIVERSITY DR #205
CORAL SPRINGS, FL 33071 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: VP
Name: SIEGENSKI, DAVE
Address: 7451 NW 51 WAY
City-St-Zip: COCONUT CREEK, FL 33073

Title: PD
Name: TERRY, DAVE
Address: 7427 NW 57 WAY
City-St-Zip: COCONUT CREEK, FL 33073

Title: D
Name: VALVO, CRAIG
Address: 5122 NW 74 CT
City-St-Zip: COCONUT CREEK, FL 33073

Title: S
Name: HOWARD, DAWN
Address: 5186 NW 74 MANOR
City-St-Zip: COCONUT CREEK, FL 33073

Title: D
Name: LEVITT, ROBERT
Address: 5174 NW 74TH PLACE
City-St-Zip: COCONUT CREEK, FL 33073

I hereby 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 all other like empowered.

SIGNATURE: DAVE TERRY

PD

02/05/2010

Electronic Signature of Signing Officer or Director

_____ Date