

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90035 028 ****61.25

DOCUMENT # N99000005072

1. Entity Name
**COUNTRY GLEN AT RIVERMILL HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**6750 RIVERMILL CLUB DR
LAKE WORTH, FL 33463**

Mailing Address
**5255 PINE MEADOWS ROAD
LAKE WORTH, FL 33463**

40040597



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1928 Lake Worth Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202008

Chg-NP

CR2E037 (12/06)

City & State

City & State

Lake Worth, FL

4. FEI Number
65-1006505

Applied For

Not Applicable

Zip

Country

Zip

Country

33461

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SACHS & SAX ATTORNEYS AT LAW
301 YAMATO ROAD
SUITE 4150
BOCA RATON, FL 33431**

Name

DICKER, KRIVOK & STOLOFF, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1818 AUSTRALIAN AVENUE, STE 400

City

WEST PALM BEACH

FL

Zip Code
33409

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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **RICE, PAUL A**
STREET ADDRESS **5255 PINE MEADOWS RD.**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE **PD** ☐ Change ☒ Addition
NAME **PERRY, DANIELLE**
STREET ADDRESS **5285 PINE MEADOWS RD.**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE **VP S** ☒ Delete
NAME **STAAB, DONALD**
STREET ADDRESS **5255 PINE MEADOWS RD.**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE **VSD** ☐ Change ☒ Addition
NAME **PARSLEY, JASON**
STREET ADDRESS **6808 WILLOW CREEK RUN**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE **T** ☐ Delete
NAME **BLOOM, SARI**
STREET ADDRESS **5255 PINE MEADOWS RD.**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Danielle Perry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-08
Date

704-7517
Daytime Phone #