

FILE NOW: FILING FEE IS \$61.25

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Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12408 (3)

1. Corporation Name
COUNTRY ISLES SECTION ONE MAINTENANCE ASSOCIATION, INC.



Principal Place of Business C/O THE CONTINENTAL GROUP 1067 SW 154 AVE (SHOTGUN RD) SUNRISE FL 33326	Mailing Address C/O THE CONTINENTAL GROUP 1067 SW 154 AVE (SHOTGUN RD) SUNRISE FL 33326
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POSTED

21 Principal Place of Business	22 Mailing Address
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip	28 Zip
25 Country	29 Country
30 Country	

3. Date Incorporated or Qualified 12/06/1985	
4. FEI Number 59-2587731	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SKILD, INC.
201 ALHAMBRA CIR
SUITE 1102
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name Susan P. Bakalar, P.A.	
82 Street Address (P.O. Box Number is Not Acceptable) 2240 S.W. 70 Avenue	
83 Suite Suite D	
84 City Davie	85 Zip Code FL 33317

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Susan P. Bakalar* **Susan P. Bakalar, President** 3/12/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, VICKY	
STREET ADDRESS	2310 DOVER	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	COHEN, RUTH	
STREET ADDRESS	1991 SACRAMENTO	
CITY-ST-ZIP	WESTON FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MONTEATH, KENNETH	
STREET ADDRESS	2000 DENVER	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVINE, NORMAN	
STREET ADDRESS	2013 SACRAMENTO	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASSIDY, ROBERT	
STREET ADDRESS	2157 BATON ROUGE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Davis, Vicky	
1.3 STREET ADDRESS	2310 Dover	
1.4 CITY-ST-ZIP	Weston, FL. 33326	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cohen, Ruth	
2.3 STREET ADDRESS	1991 Sacramento	
2.4 CITY-ST-ZIP	Weston, FL. 33326	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SHELBY, GEORGE	
5.3 STREET ADDRESS	2355 Raleigh	
5.4 CITY-ST-ZIP	Weston, Florida 33326	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Susan P. Bakalar* **Susan P. Bakalar, President** 954/476 6222

CR2E037 (10/97)