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CLASS 111

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12408

1. Corporation Name

COUNTRY ISLES SECTION ONE MAINTENANCE ASSOCIATION, INC.

50050-00

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/06/1985

4. FEI Number

59-2587731

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BAKALAR, P. A. S
2240 SW 70TH AVE
STE D
DAVIE FL 33317

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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	SD	<input type="checkbox"/> DELETE
NAME	DAVIS, VICKY	
STREET ADDRESS	2310 DOVER	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COHEN, RUTH	
STREET ADDRESS	1991 SACRAMENTO	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MONTEATH, KENNETH	
STREET ADDRESS	2000 DENVER	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEVINE, NORMAN	
STREET ADDRESS	2013 SACRAMENTO	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHELBY, GEORG	
STREET ADDRESS	2355 RALEIGH	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Monteath, Kenneth	
1.3 STREET ADDRESS	2000 Denver	
1.4 CITY-ST-ZIP	Weston, FL 33326	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Young, E. James	
2.3 STREET ADDRESS	2193 Montpelier	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *James Young*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)