

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90175 034 ****61.25

DOCUMENT # N12408

1. Entity Name

COUNTRY ISLES SECTION ONE MAINTENANCE ASSOCIATIO

Principal Place of Business

Mailing Address

C/O THE CONTINENTAL GROUP
 1067 SW 154 AVE (SHOTGUN RD)
 SUNRISE FL 33326

C/O THE CONTINENTAL GROUP
 1067 SW 154 AVE (SHOTGUN RD)
 SUNRISE FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2587731

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Delete
 NAME: **SD DAVIS, VICKY**
 STREET ADDRESS: **2310 DOVER**
 CITY-ST-ZIP: **WESTON FL 33326**

TITLE: Change Addition
 NAME: **D Carmen Huson**
 STREET ADDRESS: **2295 Dover**
 CITY-ST-ZIP: **Weston, FL 33326**

TITLE: Delete
 NAME: **TD COHEN, RUTH**
 STREET ADDRESS: **1991 SACRAMENTO**
 CITY-ST-ZIP: **WESTON FL 33326**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **PD MONTEATH, KENNETH**
 STREET ADDRESS: **2000 DENVER**
 CITY-ST-ZIP: **WESTON FL 33326**

TITLE: Change Addition
 NAME: **PD Ken Monteath**
 STREET ADDRESS: **1965 Sacramento**
 CITY-ST-ZIP: **Weston, FL 33326**

TITLE: Delete
 NAME: **D YOUNG, JAMES E**
 STREET ADDRESS: **2193 MONTEPELIAR**
 CITY-ST-ZIP: **WESTON FL 33326**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **D SHELBY, GEORG**
 STREET ADDRESS: **2355 RALEIGH**
 CITY-ST-ZIP: **WESTON FL 33326**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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 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: _____

President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/09/01 (954) 476-6222
 Date Daytime Phone #

CP2E037 (10/00)