

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0031983

03-20-2002 90063 016 ****61.25

DOCUMENT # N12408

1. Entity Name

**COUNTRY ISLES SECTION ONE MAINTENANCE ASSOCIATIO
 N, INC.**

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

**2950 NORTH 28TH TERRACE
 HOLLYWOOD, FL 33026**



DO NOT WRITE IN THIS SPACE

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

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

CONT067 333262656 1801 01
 NOTIFY SENDER OF NEW ADDRESS
 : THE CONTINENTAL GROUP
 2950 N 28TH TER #3
 HOLLYWOOD FL 33020-1301

**Bakalar, Brough & Chadrow, P.A.
 Westside Corporate Center
 150 South Pine Island Road, Suite 540
 Plantation, FL 33324**

8. The above named entity sub

ie state of Florida.

SIGNATURE

[Handwritten Signature]

BAKALAR, BROUGH & CHADROW 3/4/02

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	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	PD	<input type="checkbox"/> Delete
NAME	MONTEATH, KENNETH	
STREET ADDRESS	1965 SACRAMENTO	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUSON, CARMEN	
STREET ADDRESS	2295 DOVER	
CITY-ST-ZIP	WESTON FL 33326	
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		

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stacy Scuris	
STREET ADDRESS	2340 Tallahassee	
CITY-ST-ZIP	Weston, FL. 33326	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joey Blair	
STREET ADDRESS	2240 Tallahassee	
CITY-ST-ZIP	Weston, FL. 33326	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brenton Lee	
STREET ADDRESS	2150 Baton Rouge	
CITY-ST-ZIP	Weston, FL. 33326	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John LaChance	
STREET ADDRESS	2201 Charleston	
CITY-ST-ZIP	Weston, FL. 33326	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharon Kuntze	
STREET ADDRESS	2153 Baton Rouge	
CITY-ST-ZIP	Weston, FL. 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Handwritten Signature]

2/5/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

0031363

DOCUMENT # N12408

1. Entity Name

**COUNTRY ISLES SECTION ONE MAINTENANCE ASSOCIATIO
N, INC.**

425835

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, VICKY 2310 DOVER WESTON FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COHEN, RUTH 1991 SACRAMENTO WESTON FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTEATH, KENNETH 1965 SACRAMENTO WESTON FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSON, CARMEN 2295 DOVER WESTON FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELBY, GEORG 2355 RALEIGH WESTON FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

CR2E037 (9/01)