

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90007 037 ****61.25

DOCUMENT # N12408
 1. Entity Name
 COUNTRY ISLES SECTION ONE MAINTENANCE ASSOCIATION, INC.



Principal Place of Business: C/O UNITED COMMUNITY MANAGEMENT CORP, 3300 UNIVERSITY DRIVE SUITE 405, CORAL SPRINGS, FL 33065
 Mailing Address: C/O UNITED COMMUNITY MANAGEMENT CORP, 3300 UNIVERSITY DRIVE SUITE 405, CORAL SPRINGS, FL 33065

4/1 2004

54025064



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03252004 No Chg-NP CR2E037 (10/03)

4. FEI Number: 59-2587731 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 UNITED COMMUNITY MANAGEMENT CORP.
 3300 UNIVERSITY DR. #405
 CORAL SPRINGS, FL 33065

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

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	SARVIS, STACY STACE
STREET ADDRESS	2340 TALLAHASSEE
CITY-ST-ZIP	WESTON, FL 33326
TITLE	T
NAME	BLAIR, JOEY
STREET ADDRESS	2240 TALLAHASSEE
CITY-ST-ZIP	WESTON, FL 33326
TITLE	PD
NAME	LEE, BRENTON
STREET ADDRESS	2150 BATON ROUGE
CITY-ST-ZIP	WESTON, FL 33326
TITLE	VP-LA CHANGE
NAME	LA CHANGE, JOHN
STREET ADDRESS	2201 CHARLESTON
CITY-ST-ZIP	WESTON, FL 33326
TITLE	D
NAME	KUNTZE, SHARON
STREET ADDRESS	2153 BATON ROUGE
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #