2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State
04-13-2006 90277 024 ****61.25

DUU61311

DOCUMENT # N12408

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

Principal Place of Business
C/O UNITED COMMUNITY MANAGEMENT CORP
11784 W SAMPLE RD
CORAL SPRINGS, FL 33065

Mailing Address
C/O UNITED COMMUNITY MANAGEMENT CORP
11784 W SAMPLE RD
CORAL SPRINGS, FL 33065

03102006 Chg-NP CR2E037 (11/05)

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

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.
11784 W SAMPLE RD
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 3/22/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	SARVIS, STACE	NAME	
STREET ADDRESS	2340 TALLAHASSEE	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	DAVIS, LISA	NAME	
STREET ADDRESS	2002DENVER	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	[illegible], BRENTON	NAME	
STREET ADDRESS	2150 BATON ROUGE	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LECHANCE, JOHN	NAME	
STREET ADDRESS	2201 CHARLESTON	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	SD ☒ Change ☐ Addition
NAME	KUNTZE, SHARON	NAME	
STREET ADDRESS	2153 BATON ROUGE	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME		NAME	Poffenbarger, Bonnie
STREET ADDRESS		STREET ADDRESS	2400 Tallahasee
CITY-ST-ZIP		CITY-ST-ZIP	Weston, FL 33326

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] 3/22/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #