2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12408

FILED Mar 11, 2009 Secretary of State

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

Current Principal Place of Business:					New Principal Place of Business:			
C/O UNITED COMMUNITY MANAGEMENT CORP 11784 W SAMPLE RD CORAL SPRINGS, FL 33065					C/O UNITED COMMUNITY MANAGEMENT CORP 11784 W SAMPLE RD #103 CORAL SPRINGS, FL 33065			
Current Mailing Address:					New Mailing Address:			
C/O UNITED COMMUNITY MANAGEMENT CORP 11784 W SAMPLE RD CORAL SPRINGS, FL 33065					C/O UNITED COMMUNITY MANAGEMENT CORP 11784 W SAMPLE RD #103 CORAL SPRINGS, FL 33065			
FEI Number:	59-2587731	FEI Nun	nber Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of St	atus Desired ()
Name and	Address of	Current R	egistered Agent:		Name and	Address	of New Registered	d Agent:
UNITED COMMUNITY MANAGEMENT CORP. 11784 W SAMPLE RD CORAL SPRINGS, FL 33065 US					UNITED COMMUNITY MANAGEMENT CORP. 11784 W SAMPLE RD #103 CORAL SPRINGS, FL 33065 US			
The above in the State		y submits t	nis statement for the p	ourpose o	f changing it	s registere	ed office or register	ed agent, or both,
SIGNATURE: RENEE CAMPBELL					03/11/2009			
	Electr	onic Signat	ure of Registered Age	ent			Date	
OFFICERS	AND DIRE	CTORS:			ADDITION	S/CHANG	ES TO OFFICERS	AND DIRECTORS
Title: Name: Address: City-St-Zip:	TD LEON, MICH 2380 TALLAN WESTON, FL	ASSEE			Title: Name: Address: City-St-Zip:		() Change () Additi	on
Title: Name: Address: City-St-Zip:	PD LECHANCE, 2201 CHARL WESTON, FL	ESTON			Title: Name: Address: City-St-Zip:		() Change () Additi	on
Title: Name: Address: City-St-Zip:	SD KUNTZE, SH. 2153 BATON WESTON, FL	ROUGE			Title: Name: Address: City-St-Zip:		() Change () Additi	ion
Title: Name: Address: City-St-Zip:	VPD POFFENBAR 2100 TALLAH FORT LAUDE	IASSEE			Title: Name: Address: City-St-Zip:	VPD BRAUN, DA 2100 TALL FORT LAU		ion
Title: Name: Address: City-St-Zip:	D THOMAS, GA 2360 TALLAH WESTON, FL	HASSEE			Title: Name: Address: City-St-Zip:		() Change () Additi	on

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LOU PALMER AGT 03/11/2009