

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90121 015 ****61.25

DOCUMENT # N12408
1. Entity Name
**COUNTRY ISLES SECTION ONE MAINTENANCE ASSOCIATIO
N, 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**



CHECK HERE IF MAKING CHANGES

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

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

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
**BAKALAR, P. A. S
2950 N. 28TH TER #3
HOLLYWOOD FL 33020-1301**

7. Name and Address of New Registered Agent
Name **United Community Mgmt Corp**
Street Address (P.O. Box Number is Not Acceptable) **3300 University Dr. #405**
City **Coral Springs** FL Zip Code **33065**

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 **UNITED Community MGT Corp** (NOTE: Registered Agent signature required when reinstating)
DATE **4/9/03**

FILE NOW: FEE IS \$61.25

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	SARVIS, STACY	
STREET ADDRESS	2340 TALLAHASSEE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BLAIR, JOEY	
STREET ADDRESS	2240 TALLAHASSEE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEE, BRENTON	
STREET ADDRESS	2150 BATON ROUGE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LA CHANCE, JOHN	
STREET ADDRESS	2201 CHARLESTON	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUNTZE, SHARON	
STREET ADDRESS	2153 BATON ROUGE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TEES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 I am empowered.

SIGNATURE: **SIGNATURE DIRECTOR** **3-14-03 9543848178**

CR2E037 (10/02)