

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAY -1 AM 9:20

**DOCUMENT # N18859 (1)**

1. Corporation Name

**VILLAGE HOMES AT COUNTRY ISLES MAINTENANCE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O THE CONTINENTAL GROUP  
1067 SHOTGUN ROAD  
SUNRISE FL 33326-1911

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SUNRISE FL 33326-1911

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/22/1987</b>	3a. Date of Last Report <b>04/11/1994</b>
4. FEI Number <b>65-0001263</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**SKRLD, INC.  
201 ALHAMBRA CIR  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Stephen Thomas DATE: 4/20/95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHEPLER, MORRIS
STREET ADDRESS	1415 COTTONWOOD CIRCLE
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	VPTD
NAME	HANGLEY, CLIFFORD
STREET ADDRESS	1548 SPRINGSIDE DRIVE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	SD
NAME	WISLA, MARY ANN
STREET ADDRESS	1423 COTTONWOOD CIRCLE
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D
NAME	JORDAN, ALICE
STREET ADDRESS	1570 SPRINGSIDE DR.
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RONALD LACHANCE	
1.3 STREET ADDRESS	1584 SPRINGSIDE DRIVE	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARK SHEPLER	
4.3 STREET ADDRESS	1415 COTTONWOOD CIR.	
4.4 CITY-ST-ZIP		
5.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ALICE JORDAN	
5.3 STREET ADDRESS	1570 SPRINGSIDE DRIVE	
5.4 CITY-ST-ZIP		
6.1 TITLE	PARKING COMMITTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SYBIL WONG	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James A. Colton DATE: 3-31-95 TIME/PHONE #: 305 389 3893  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR