

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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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1067 SHOTGUN ROAD
SUNRISE FL 33326-1911

3. Date Incorporated or Qualified: 01/22/1987
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 c/o Gables Property Mgmt, Inc.
2a. Mailing Address: 26 c/o Gables Property Mgmt, Inc.

4. FEI Number: 65-0001263
Applied For: Not Applicable

22 1290 Weston Road, Suite 214
27 1290 Weston Road, Suite 214

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23 Fort Lauderdale, Florida
28 Fort Lauderdale, Florida

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

24 33326
25 USA
29 33326
30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKRLD, INC.
201 ALHAMBRA CIR
CORAL GABLES FL 33134

81 Name: Edward Paul Kreiling, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 1625 North Commerce Parkway, Suite 225
83
84 City: Fort Lauderdale, FL 85 Zip Code: 33326

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE

Edward Paul Kreiling, Esq.

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LACHANCE, RONALD	
STREET ADDRESS	1584 SPRINGSIDE DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	HANGLEY, CLIFFORD	
STREET ADDRESS	1548 SPRINGSIDE DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WISLA, MARY ANN	
STREET ADDRESS	1423 COTTONWOOD CIRCLE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHELPER, AMRK	
STREET ADDRESS	1415 COTTONWOOD CIR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JORDAN, ALICE	
STREET ADDRESS	1570 SPRINGSIDE DR	
CITY-ST-ZIP	FT LADUERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dolores Colton	
4.3 STREET ADDRESS	1423 Cottonwood Cir	
4.4 CITY-ST-ZIP	Fort Laud., FL 33326	
5.1 TITLE	Vice President/Direct	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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 119.07(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:

Ronald LaChance, President 1/24/96

(954) 349-8777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)