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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18859 (1)

1. Corporation Name
VILLAGE HOMES AT COUNTRY ISLES MAINTENANCE ASSOCIATION, INC.



Principal Place of Business % GABLES PROPERTY MGMT. INC 1625 N. Commerce Parkway Suite 305 Weston, Fl 33326	Mailing Address % GABLES PROPERTY MGMT. INC 1625 N. Commerce Parkway Suite 305 Weston, Fl. 33326
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3. Date Incorporated or Qualified 01/22/1987	3a. Date of Last Report 02/14/1996
4. FEI Number 65-0001263	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**KREILING, ESQ E PAUL
1625 NORTH COMMERCE PARKWAY
SUITE 225
FT. LAUDERDALE FL 33326**

10. Name and Address of New Registered Agent

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

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 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LACHANCE, RONALD	
STREET ADDRESS	1584 SPRINGSIDE DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HANGLEY, CLIFFORD	
STREET ADDRESS	1548 SPRINGSIDE DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WISLA, MARY ANN	
STREET ADDRESS	1423 COTTONWOOD CIRCLE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COLTON, DOLORES	
STREET ADDRESS	1423 COTTONWOOD CIRCLE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VPD	<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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Timothy Wiseman	
1.3 STREET ADDRESS	1478 Springside Drive	
1.4 CITY-ST-ZIP	Weston, FL 33326	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cybil Wong	
2.3 STREET ADDRESS	1439 Springside Drive	
2.4 CITY-ST-ZIP	Weston, FL 33326	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	David Oldfield	
3.3 STREET ADDRESS	1548 Springside Drive	
3.4 CITY-ST-ZIP	Weston, FL 33326	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Alice Jordan	
4.3 STREET ADDRESS	1570 Springside Drive	
4.4 CITY-ST-ZIP	Weston, FL 33326	
5.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mary Ann Wisla	
5.3 STREET ADDRESS	1423 Cottonwood Circle	
5.4 CITY-ST-ZIP	Weston, FL 33326	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)