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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N18859

1. Corporation Name

VILLAGE HOMES AT COUNTRY ISLES MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

C/O GABLES PROPERTY MANAGEMENT INC
 3300 CORPORATE AVE., STE 110
 WESTON FL 33331
 US

Mailing Address

C/O GABLES PROPERTY MANAGEMENT INC
 3300 CORPORATE AVE. STE 110
 WESTON FL 33331
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country 29 30

3. Date Incorporated or Qualified

01/22/1987

4. FEI Number

65-0001263

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KREILING, ESQ E PAUL
 2500 WESTON RD., STE 220
 WESTON FL 33331

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME ALICE JORDON
 STREET ADDRESS 1570 SPRINGSIDE DR
 CITY-ST-ZIP WESTON FL 33326

TITLE VPD DELETE
 NAME MARY ANN WILSA
 STREET ADDRESS 1423 COTTONWOOD CIR
 CITY-ST-ZIP WESTON FL 33326

TITLE TD DELETE
 NAME DAVID OLDFIELD
 STREET ADDRESS 1548 SPRINGSIDE DR
 CITY-ST-ZIP WESTON FL 33326

TITLE SD DELETE
 NAME CYBIL WONG
 STREET ADDRESS 1439 SPRINGSIDE DR
 CITY-ST-ZIP WESTON FL 33326

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Treasurer/Director T/D Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Secretary/Director S/D Change Addition
 5.2 NAME Grace Testa
 5.3 STREET ADDRESS 1415 Cottonwood Circle
 5.4 CITY-ST-ZIP Weston, FL 33326

6.1 TITLE Director D Change Addition
 6.2 NAME Lewis Huntington
 6.3 STREET ADDRESS 1438 Springside Drive
 6.4 CITY-ST-ZIP Weston, Florida 33326

14. 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 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, with all other like empowered.

SIGNATURE: *Maryann Wilsa* REQUIRED MARYANN WILSA, VP, 1/5/99 (854) 349-8777
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)