

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 03, 2000 8:00 am
Secretary of State

03-02-2000 90068 031 ****61.25

DOCUMENT # N18859

1. Entity Name

VILLAGE HOMES AT COUNTRY ISLES MAINTENANCE ASSOC

Principal Place of Business

Mailing Address

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

C/O GABLES PROPERTY MANAGEMENT INC
 3300 CORPORATE AVE., STE 110
 WESTON FL 33331-3504
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0001263

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	ALICE JORDON		
1570 SPRINGSIDE DR	WESTON FL 33326		
VPD	MARY ANN WILSA		
1423 COTTONWOOD CIR	WESTON FL 33326		
SD	TESTA, GRACE		
1415 COTTONWOOD CIRCLE	WESTON FL 33326		
TD	CYBIL WONG		
1439 SPRINGSIDE DR	WESTON FL 33326		
D	HUNTINGTON, LEWIS		
1438 SPRINGSIDE DRIVE	WESTON FL 33326		

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 like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA O'DONNELL

Date

3/22/00

Daytime Phone #

954-349-8777

for BOB

CR2E037 (9/99)