


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90025 005 ****61.25

DOCUMENT # N18859					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01122005 Chg-NP CR2E037 (10/03)	
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. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSEN, HARRY M ESQ. 2500 WESTON ROAD SUITE 220 WESTON, FL 33331			Name <i>Bakalar & Eichner</i> Street Address (P.O. Box Number is Not Acceptable) <i>150 S. Pine Island Road</i> <i>Suite 540</i> City <i>Plantation</i> FL Zip Code <i>33324</i>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Paul D. Eichner</i>		PAUL D. EICHNER		DATE <i>3-3-05</i>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICE JORDAN		NAME	JORDAN, ALICE	
STREET ADDRESS	1570 SPRINGSIDE DR		STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	Weston FL 33331	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY ANN WILSA		NAME	WISLA, MARY ANN	
STREET ADDRESS	1423 COTTONWOOD CIR		STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	Weston FL 33331	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TESTA, GRACE		NAME	TESTA, GRACE	
STREET ADDRESS	1415 COTTONWOOD CIRCLE		STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	Weston FL 33331	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYBIL WONG		NAME	WONG, SYBIL	
STREET ADDRESS	1439 SPRINGSIDE DR		STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	Weston, FL 33331	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Alice M Jordan</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
				Daytime Phone #	