

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18859

FILED
Jul 10, 2007
Secretary of State

Entity Name: VILLAGE HOMES AT COUNTRY ISLES MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

18001 OLD CUTLER RD #509
PALMETTO BAY, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

18001 OLD CUTLER RD #509
PALMETTO BAY, FL 33157 US

New Mailing Address:

FEI Number: 65-0001263 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BROUGH CHADROW & LEVINE, P.A.
1900 N COMMERCE PKWY
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLER, HENRY
Address: 3300 CORPORATE AVE #110
City-St-Zip: WESTON, FL 33331

Title: VPD () Delete
Name: MARY ANN WILSA,
Address: 3300 CORPORATE AVE #110
City-St-Zip: WESTON, FL 33331

Title: TD (X) Delete
Name: SYBIL, WONG
Address: 3300 CORPORATE AVE #1110
City-St-Zip: WESTON, FL 33331

Title: S (X) Delete
Name: MASEN, MICHELLE
Address: 3300 CORPORATE AVE #110
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HUIZENGA, WAYNE
Address: 1895 LAKE SHORE DR.
City-St-Zip: WESTON, FL 33326

Title: S (X) Change () Addition
Name: ROY PARRA,
Address: 1411 COTTONWOOD CIR.
City-St-Zip: WESTON, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY PARRA

S

07/10/2007

Electronic Signature of Signing Officer or Director

_____ Date