

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N18859

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

Current Principal Place of Business:

C/O ATLANTIS MANAGEMENT SERVICES LC
11011 SHERIDAN STREET, #208
COOPER CITY, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

C/O ATLANTIS MANAGEMENT SERVICES LC
11011 SHERIDAN STREET, #208
COOPER CITY, FL 33026 US

New Mailing Address:

FEI Number: 65-0001263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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: WEKSZTEIN, PATRICIA
Address: 11011 SHERIDAN STREET, #208
City-St-Zip: COOPER CITY, FL 33026

Title: S () Delete
Name: PARK, EVA
Address: 11011 SHERIDAN STREET, #208
City-St-Zip: COOPER CITY, FL 33026

Title: T () Delete
Name: PARRA, ROY
Address: 11011 SHERIDAN STREET, #208
City-St-Zip: COOPER CITY, FL 33026

Title: D (X) Delete
Name: ESPINEL, ROBERT
Address: 11011 SHERIDAN STREET, #208
City-St-Zip: COOPER CITY, FL 33026

Title: D (X) Delete
Name: REID, PHILLIP
Address: 11011 SHERIDAN STREET, #208
City-St-Zip: COOPER CITY, FL 33206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: REID, PHILLIP
Address: 11011 SHERIDAN STREET, #208
City-St-Zip: COOPER CITY, FL 33026 US

Title: T (X) Change () Addition
Name: ESPINEL, ROBERT
Address: 11011 SHERIDAN STREET, #208
City-St-Zip: COOPER CITY, FL 33026

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: PW

Electronic Signature of Signing Officer or Director

P

03/26/2009

Date