

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12408

**FILED**  
**Jan 18, 2016**  
**Secretary of State**  
**CC5402274076**

**Entity Name:** COUNTRY ISLES SECTION ONE MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

11784 WEST SAMPLE ROAD  
SUITE 103  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

11784 WEST SAMPLE ROAD  
SUITE 103  
CORAL SPRINGS, FL 33065 US

**FEI Number: 59-2587731**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

UNITED COMMUNITY MANAGEMENT CORP.  
11784 W SAMPLE RD  
#103  
CORAL SPRINGS, FL 33065 US

*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

**Officer/Director Detail :**

Title P  
Name LACHANCE, JOHN  
Address 2201 CHARLESTON  
City-State-Zip: WESTON FL 33326

Title D  
Name LEON, MICHAEL  
Address 2380 TALLAHASSEE  
City-State-Zip: WESTON FL 33326

Title S  
Name SLATTERY, JEFFERY  
Address 2355 TALLAHASSEE  
City-State-Zip: WESTON FL 33326

Title T  
Name WAGY, JAMES  
Address 2146 AUSTIN  
City-State-Zip: WESTON FL 33326

Title D  
Name MALINSKI, MICHAEL  
Address 2340 TALLAHASSE  
City-State-Zip: WESTON FL 33326

*I hereby 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 all other like empowered.*

**SIGNATURE: JOHN LACHANCE**

**P**

**01/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date