


FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10001 (8)
1. Corporation Name
COUNTRY ISLES VILLAGE MAINTENANCE ASSOCIATION, I NC.



Principal Place of Business 1205 ARVIDA PLWY BLDG 5 FT. LAUDERDALE FL 33326 US		Mailing Address 1205 ARVIDA PKWY BLDG 5 FT. LAUDERDALE FL 33327-1700 US		3. Date Incorporated or Qualified 06/28/1985	3a. Date of Last Report 06/21/1996
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2587735		Applied For Not Applicable	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24 33327	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MESEROLL, DAVID B., JR
1205 ARVIDA PKWY
FT. LAUDERDALE FL 33326

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL 33327
83	
84 City Weston	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PASKOW, ROY		1.2 NAME	
STREET ADDRESS 1205 ARVIDA PKWY		1.3 STREET ADDRESS	
CITY - ST - ZIP FT LAUDERDALE FL		1.4 CITY - ST - ZIP	
TITLE STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIEGEL, THOMAS		2.2 NAME	
STREET ADDRESS 1200 WESTON RD		2.3 STREET ADDRESS	1205 Arvida Pkwy
CITY - ST - ZIP FT LAUDERDALE FL 33326		2.4 CITY - ST - ZIP	Weston FL 33327
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MESEROLL, DAVID B., JR.		3.2 NAME	
STREET ADDRESS 1200 WESTON ROAD		3.3 STREET ADDRESS	1205 Arvida Pkwy
CITY - ST - ZIP FT LAUDERDALE FL 33326		3.4 CITY - ST - ZIP	Weston FL 33327
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	Leslie S. Sorely
CITY - ST - ZIP		4.4 CITY - ST - ZIP	1205 Arvida Pkwy
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

954-349-8141

Date

Daytime Phone # 0037427

CR2E037 (9/96)