

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 33327 US	Mailing Address 1205 ARVIDA PKWY BLDG 5 FT. LAUDERDALE FL 33326 US
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3. Date Incorporated or Qualified 06/28/1985	
4. FEI Number 59-2587735	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**MESEROLL, DAVID B., JR
1205 ARVIDA PKWY
WESTON FL 33327**

10. Name and Address of New Registered Agent

81 Name MR. JOHN BARIC
82 Street Address (P.O. Box Number is Not Acceptable) 7900 GLADES RD
83
84 City BOCA RATON
85 Zip Code FL 33424

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME SNARELY, LESLIE	DELETED <input checked="" type="checkbox"/>
STREET ADDRESS 1205 ARVIDA PKWY	CITY-ST-ZIP WESTON FL	
TITLE STD	NAME SIEGEL, THOMAS	DELETED <input type="checkbox"/>
STREET ADDRESS 1205 ARVIDA PKWY	CITY-ST-ZIP WESTON FL	
TITLE VD	NAME MESEROLL, DAVID B., JR.	DELETED <input checked="" type="checkbox"/>
STREET ADDRESS 1205 ARVIDA PKWY	CITY-ST-ZIP WESTON FL	
TITLE	NAME	DELETED <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	DELETED <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	DELETED <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT	1.2 NAME CARITENA, RON	1.3 STREET ADDRESS 1205 ARVIDA PKWY	1.4 CITY-ST-ZIP WESTON, FL 33426	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.1 TITLE VICE PRESIDENT	2.2 NAME SNARELY, LESLIE	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
3.1 TITLE SELT/RES	3.2 NAME SIEGAL, THOMAS	3.3 STREET ADDRESS 1205 ARVIDA PKWY	3.4 CITY-ST-ZIP WESTON, FL 33426	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

14. 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 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:

Ronald Caritena
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/98
Date

254 842-8126
Daytime Phone #

0037806

CR2E037 (10/97)