

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11344

FILED
Apr 28, 2009
Secretary of State

Entity Name: COUNTRY ISLES PLAZA MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

C/O TERRANOVA CORPORATION
801 ARTHUR GODFREY RD., STE. #600
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

C/O SANSONE GROUP
120 S. CENTRAL AVENUE, SUITE 500
ST. LOUIS, MO 63105 US

Current Mailing Address:

C/O TERRANOVA CORPORATION
801 ARTHUR GODFREY RD., STE. #600
MIAMI BEACH, FL 33140 US

New Mailing Address:

C/O SANSONE GROUP
120 S. CENTRAL AVENUE, SUITE 500
ST. LOUIS, MO 63105 US

FEI Number: 59-2659815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: HOHENTHAL, HEATHER
Address: C/O 801 ARTHUR GODFREY RD, STE 600
City-St-Zip: MIAMI BEACH, FL 33140

Title: V () Delete
Name: PARKER, REID
Address: C/O 801 ARTHUR GODFREY RD, STE 600
City-St-Zip: MIAMI BEACH, FL 33140

Title: S () Delete
Name: HECK, KELLY
Address: C/O 801 ARTHUR GODFREY RD, STE 600
City-St-Zip: MIAMI BEACH, FL 33140

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOHENTHAL, HEATHER
Address: C/O SANSONE GROUP, 120 S. CENTRAL AVE #500
City-St-Zip: ST. LOUIS, MO 63105

Title: VPD (X) Change () Addition
Name: PARKER, REID
Address: C/O SANSONE GROUP, 120 S. CENTRAL AVE #500
City-St-Zip: ST. LOUIS, MO 63105

Title: S (X) Change () Addition
Name: HECK, KELLY
Address: C/O SANSONE GROUP, 120 S. CENTRAL AVE #500
City-St-Zip: ST. LOUIS, MO 63105

Title: T () Change (X) Addition
Name: LITTEKEN, SHARON
Address: C/O SANSONE GROUP, 120 S. CENTRAL AVE #500
City-St-Zip: ST. LOUIS, MO 63105

Title: D () Change (X) Addition
Name: MULKERN, KATHY
Address: C/O SANSONE GROUP, 120 S. CENTRAL AVE #500
City-St-Zip: ST. LOUIS, MO 63105

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: SHARON LITTEKEN

T

04/28/2009

Electronic Signature of Signing Officer or Director

Date