

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11344

FILED
Mar 12, 2010
Secretary of State

Entity Name: COUNTRY ISLES PLAZA MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

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

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

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

Title: D
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 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: SHARON LITTEKEN

T

03/12/2010

Electronic Signature of Signing Officer or Director

_____ Date