2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18859

FILED Jan 15, 2008 Secretary of State

Entity Name: VILLAGE HOMES AT COUNTRY ISLES MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business: 18001 OLD CUTLER RD #509 PALMETTO BAY, FL 33157 US Current Mailing Address: 18001 OLD CUTLER RD #509 PALMETTO BAY, FL 33157 US			New Princ	New Principal Place of Business:		
			11011 SHE	C/O ATLANTIS MANAGEMENT SERVICES LC 11011 SHERIDAN STREET, #208 COOPER CITY, FL 33026 US New Mailing Address:		
			New Maili			
			C/O ATLANTIS MANAGEMENT SERVICES LC 11011 SHERIDAN STREET, #208 COOPER CITY, FL 33026 US			
El Number	r: 65-0001263	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired (
Name and	d Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
1900 N CO WESTON	OMMERCE PI I, FL 33326	US				
	e named entity e of Florida.	submits this statement for the p	urpose of changing i	its registered office or registered agent, or		
SIGNATU						
	Electro	nic Signature of Registered Age	nt	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECT		
Title: Jame: Address: City-St-Zip: Title: Jame: Address:	HUIZENGA, W 1895 LAKE SH WESTON, FL	HORE DR. 33326) Delete IWOOD CIR.	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	P (X) Change () Addition WEKSZTEIN, PATRICIA 11011 SHERIDAN STREET, #208 COOPER CITY, FL 33026 S (X) Change () Addition PARK, EVA 11011 SHERIDAN STREET, #208 COOPER CITY, FL 33026		
City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip:	,) Delete	Title: Name: Address: City-St-Zip: Title: Name: Address:	T () Change (X) Addition PARRA, ROY 11011 SHERIDAN STREET, #208 COOPER CITY, FL 33026 D () Change (X) Addition ESPINEL, ROBERT 11011 SHERIDAN STREET, #208		

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: PATRICIA WEKSZTEIN P 01/15/2008