

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 752719**  
1. Corporation Name  
**Country Walk Master Association, Inc.**

Principal Place of Business 14601 Country Walk Dr. Miami, Fl. 33186	Mailing Address 14601 Country Walk Dr. Miami, Fl. 33186
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3. Date Incorporated or Qualified <b>07/02/1980</b>	3a. Date of Last Report <b>1996</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number <b>59-2025971</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SRLDS, Inc**  
201 Alhambra Cir  
Suite 1102  
Coral Gables, Fl. 33134

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **800002160068**  
84 City **Miami** Zip Code **33134**

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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Tyson, Keith	
STREET ADDRESS	14601 Country Walk Dr.	
CITY-ST-ZIP	Miami, Fl. 33186	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	Ball, Richard	
STREET ADDRESS	14601 Country Walk Dr.	
CITY-ST-ZIP	Miami, Fl. 33186	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Dawes, Ory	
STREET ADDRESS	14601 Country Walk Dr.	
CITY-ST-ZIP	Miami, Fl. 33186	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Lahr, Harold	
STREET ADDRESS	14601 Country Walk Dr.	
CITY-ST-ZIP	Miami, Fl. 33186	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Bernabe, Chick	
STREET ADDRESS	14601 Country Walk Dr.	
CITY-ST-ZIP	Miami, Fl. 33186	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Gaynor, Jim	
STREET ADDRESS	14601 Country Walk Dr.	
CITY-ST-ZIP	Miami, Fl. 33186	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lee, Monte	
1.3 STREET ADDRESS	14601 Country Walk Dr.	
1.4 CITY-ST-ZIP	Miami, Fl. 33186	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lopez, Joseph	
2.3 STREET ADDRESS	14601 Country Walk Dr.	
2.4 CITY-ST-ZIP	Miami, Fl. 33186	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Patterson, Bob	
3.3 STREET ADDRESS	14601 Country Walk Dr.	
3.4 CITY-ST-ZIP	Miami, Fl. 33186	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Richman, Steve	
4.3 STREET ADDRESS	14601 Country Walk Dr.	
4.4 CITY-ST-ZIP	Miami, Fl. 33186	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Saunders, Joe	
5.3 STREET ADDRESS	14601 Country Walk Dr.	
5.4 CITY-ST-ZIP	Miami, Fl. 33186	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Warren, Sara	
6.3 STREET ADDRESS	14601 Country Walk Dr.	
6.4 CITY-ST-ZIP	Miami, Fl. 33186	

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: Keith E Tyson President Date: 4/14/97 Daytime Phone #: 305 596-1134

CR2E037 (9/96)