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FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752719 (5)
1. Corporation Name
COUNTRY WALK MASTER ASSOCIATION, INC.



Principal Place of Business 14801 COUNTRY WALK DR. MIAMI FL 33186	Mailing Address 14801 COUNTRY WALK DR. MIAMI FL 33186
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3. Date Incorporated or Qualified 07/02/1980		
4. FEI Number 59-2025971	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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 type="checkbox"/> Yes <input checked="" 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		

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

9. Name and Address of Current Registered Agent

**SKRLD, INC
201 ALHAMBRA CIRCLE
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	
84 City	85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TYSON, KEITH		1.2 NAME Harold Lahr	
STREET ADDRESS 14801 COUNTRY WALK DR.		1.3 STREET ADDRESS 14601 Country Walk Drive	
CITY-ST-ZIP MIAMI FL 33186		1.4 CITY-ST-ZIP Miami, FL 33186	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RICHMAN, STEVEN		2.2 NAME Jim Gaynor	
STREET ADDRESS 14801 COUNTRY WALK DR.		2.3 STREET ADDRESS 14601 Country Walk Drive	
CITY-ST-ZIP MIAMI FL 33186		2.4 CITY-ST-ZIP Miami, FL 33186	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BALL, RICHARD		3.2 NAME	
STREET ADDRESS 14801 COUNTRY WALK DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33186		3.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAWES, ORY		4.2 NAME	
STREET ADDRESS 14801 COUNTRY WALK DR		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEE, MONTE		5.2 NAME	
STREET ADDRESS 14801 COUNTRY WALK DR		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAUNDERS, JOE		6.2 NAME	
STREET ADDRESS 13785 SW 152 ST		6.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		6.4 CITY-ST-ZIP	

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: Keith E Tyson 4/29/98 (205) 596-1134

CR2E037 (10/97)