2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752719

1. Entity Name

Principal Place of Business

COUNTRY WALK MASTER ASSOCIATION, INC.

Mailing Address

FILED Jan 27, 2000 8:00 am Secretary of State

01-27-2000 90131 031 ****70.00

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14601 COUNTRY WALK DR. MIAMI FL 33186		14601 COUNTRY WALK DR. MIAMI FL 33186-5611		 				
2. Principal F	Place of Business	3. Mailing Address		·				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
		0, 0, .				1 16-	and Cov	
City & State		City & State		4. FEI Number 59-2025971		<u> </u>	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent				
	· · · · · · · · · · · · · · · · · · ·		-Name:			_		
GUENTHER-GOODMAN, JOYCE			Street Address (P.O. Box Number is Not Acceptable)					
	V 104TH ST							
MIAMI FL 33176			City		FL	Zip Cod	e	
	3 7 4 4 7 A						 -	
SIGNATURE	e named entity submits this statement for	the purpose of changing to re	Sgistered billion of the	· \	III III date of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: I	Registered Agent signature r	equired when reinstating)	DATE			
FILE NOW: 9. Election Campaign Fi FEE IS \$61.25 Trust Fund Contribution			· · · ·	\$5.00 May Be Make Check Payable to Department of State)	
10.	OFFICERS AND DIF	ECTORS	11.	ADDITIONS/CHAP	IGES TO OFFICERS AND DI	RECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAWES, ORY 14601 COUNTRY WALK DR. MIAMI FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME	VP MILLIKEN, RAY	Delete	TITLE NAME	CArol G	roholski	\(\sqrt{Change}	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	-14601 COURNTRY_WALD DR.	ر الله الله الله الله الله الله الله الل	STREET ADDRESS	:- 1460): Midmi	COUNTRY WAIK	Oe.		
TITLE	MIAMI_FL 33186	□ Delete	TITLE	- r-orogivat	11 22140	☐ Change	Addition	
NAME	RICHMAN, STEVEN	. —	NAME					
STREET ADDRESS	14601 COUNTRY WALK DR.		STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP					
TITLE	T	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	EMANUEL, JOSEPH		NAME STREET ADDRESS					
CITY-ST-ZIP	14601 COUNTRY WALK DR		CITY-ST-ZIP					
	MIAMI FL 33186	□ s				☐ Change	Addition	
TITLE NAME	D Gaynor, Jim	□ Delete	TITLE NAME					
STREET ADDRESS	14601 COUNTRY WALK DR		STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP					
TITLE	D	□ Delete	TITLE			Change	Addition	

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

RIVEROL, LUIS

MIAMI FL 33186

14601 COUNTRY WALKK DR

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/10 305 238-9336

CHZE03/ (9/9