


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 752719</b>	
1. Entity Name <b>COUNTRY WALK MASTER ASSOCIATION, INC.</b>	

Principal Place of Business <b>14601 COUNTRY WALK DR. MIAMI, FL 33186</b>	Mailing Address <b>14601 COUNTRY WALK DR. MIAMI, FL 33186</b>
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**DO NOT WRITE IN THIS SPACE**



03232006 No Chg-NP CR2E037 (1/05)

4. FEI Number <b>59-2025971</b>	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>GUENTHER-GOODMAN, JOYCE 10723 SW 104TH ST MIAMI, FL 33176</b>
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAWES, ORY 14601 COUNTRY WALK DR. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GROHOLSKI, CAROL 14601 COUNTRY WALK DR. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GERSHEN, LARRY 14601 COUNTRY WALK DR. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EMANUEL, JOSEPH 14601 COUNTRY WALK DR. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADRIAN, LEWIS 14601 COUNTRY WALK DR. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADDELL, DEBBIE 14601 COUNTRY WALK DRIVE MIAMI, FL 33186

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04/19/06-80017-010 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: *Ory Dawes, Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06  
Date

\_\_\_\_\_  
Daytime Phone #