

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 MAY -1 PM 12:01

RECEIVED STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752720
1. Corporation Name
Country Walk Estate Homes Association

Principal Place of Business Mailing Address
12079 S.W. 131 Ave **14601 Country Walk Dr.**
Miami, Fl. 33186 **Miami, Fl. 33186**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **5-27-80** 3a. Date of Last Report **4-20-94**
4. FEI Number **59-2025974** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under s. 198.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
10. Name and Address of New Registered Agent
81 Name **SKRLD, Inc.**
82 Street Address (P.O. Box Number is Not Acceptable) **201 Alhambra Circle, Suite 1102**
83
84 City **Coral Gables,** FL 85 Zip Code **33134**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0605, Florida Statutes.

SIGNATURE **SKRLD, Inc. by** *Lisa Lake* **4/26/95**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Vice President - Director	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reeza Khan	12 NAME	300001477913
STREET ADDRESS	14810 S.W. 144 Terrace	13 STREET ADDRESS	-05/08/95--01003--019
CITY-ST-ZIP	Miami, Fl. 33196	14 CITY-ST-ZIP	****130.00 ****130.00
TITLE	Secretary/Treasurer - Director.	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sy Lake	22 NAME	
STREET ADDRESS	14110 S.W. 145 Terrace	23 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33186	24 CITY-ST-ZIP	
TITLE	Director	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phillip Fitzsimmons	32 NAME	
STREET ADDRESS	15230 S.W. 146 Terrace	33 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33196	34 CITY-ST-ZIP	
TITLE	Director	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lucinda De Leon	42 NAME	
STREET ADDRESS	14741 S.W. 148 Ave	43 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33196	44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: **Sy Lake** *Sy Lake* **4-25-95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature 15mm x)