

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

COUNTRY WALK 402
ASSOC. ESTATE
C# 50042
A#T 6125
APP'D Carlynn Quintana
DATE 1/29/96

DOCUMENT # 752720 (3)

1. Corporation Name
COUNTRY WALK ESTATE HOMES ASSOCIATION, INC.



Principal Place of Business 12079 S.W. 131 AVENUE MIAMI FL 33186
Mailing Address 14601 COUNTRY WALK DR. MIAMI FL 33186

3. Date Incorporated or Qualified 06/02/1980
3a. Date of Last Report 05/01/1995

2. Principal Place of Business 21
2a. Mailing Address 26

4. FEI Number 59-2025974
Applied For Not Applicable

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State 23
City & State 28

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip 24 Country 25
Zip 29 Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

81 Name
82 Street Address (P.O. Box Numbers 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	VD KHAN, REEZA 14810 S.W. 44 TERRACE MIAMI FL	<input type="checkbox"/> DELETE	1.1 TITLE D Khan, Reeza 14810 S.W. 144 Terrace Miami, Fl. 33196 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STD LAKE, SY 14110 S.W. 145 TERRACE MIAMI FL	<input type="checkbox"/> DELETE	2.1 TITLE VD Lake, Sy 14110 S.W. 145 Terrace Miami, Fl. 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D FITZSIMMONS, PHILLIP 15230 S.W. 146 TERRACE MIAMI FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE PD Richard Uss 14875 S.W. 145 Street Miami, Fl. 33196 Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	D DE LEON, LUCINDA 14741 S.W. 148 AVENUE MIAMI FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VD Figeroa Joseph, Selva 14678 S.W. 139 Place Miami, Fl. 33186 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE TD Aponte-Uss, Vianey 14875 S.W. 145 Street Miami, Fl. 33196 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	6.1 TITLE SD Ordonez, Juan 14820 S.W. 144 Terrace Miami, Fl. 33196 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> DELETE	6.2 NAME
CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	6.4 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 119.07(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: Juan Ordonez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-F-96 256-4506
Date Daytime Phone #

CR2E037 (12/95)