

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90102 014 \*\*\*\*70.00

**DOCUMENT # 752720**

1. Entity Name  
**Country Walk Estate Homes Association, Inc.  
c/o Harbor Management Services, Inc.**

**DO NOT WRITE IN THIS SPACE**

763437

2. Principal Place of Business  
**14601 Country Walk Drive**

3. Mailing Address  
**PO Box 924176**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number  
**59-2025974**

Applied For  
Not Applicable

Zip  
**33186**

Country  
**USA**

Zip  
**33092**

Country  
**USA**

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**SKRLD, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**201 Alhambra Circle**

**Suite 1102**

City  
**Coral Gables, FL**

**FL** Zip Code  
**33134**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE **PD**  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Harold Lahr  
14601 Country Walk Drive  
Miami, FL 33186**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **SD**  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Steven Franken  
14727 SW 153 Court  
Miami, FL 33186**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **D**  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Dorothy Gonzalez  
15041 SW 149 Street  
Miami, FL 33186**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE **D**  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Mike Janosky  
14815 SW 153 Street  
Miami, FL 33186**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**vice president  
Mike Roben  
14900 SW 145 ST  
Miami, FL 33186**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. 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 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 on an attachment with an address with all other like empowered.

SIGNATURE:

*Harold Lahr*