


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90323 023 ****70.00

DOCUMENT # 752720
 1. Entity Name
COUNTRY WALK ESTATE HOMES ASSOCIATION, INC.



Principal Place of Business
 14601 COUNTRY WALK
 MIAMI, FL 33186

Mailing Address
 P.O BOX 924176
 MIAMI, FL 33092

50010154



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03232006 Chg-NP CR2E037 (11/05)

City & State

Zip Country

4. FEI Number
59-2025974

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

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

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> <i>pre</i>	<input type="checkbox"/> Delete
NAME	GERSHEN, LARRY	
STREET ADDRESS	14601 COUNTRY WALK DRIVE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	<input checked="" type="checkbox"/> <i>tre</i>	<input type="checkbox"/> Delete
NAME	JONES, DAVID	
STREET ADDRESS	14505 SW 141 PL.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MYERS, CHRIS	
STREET ADDRESS	14438 SW 141 PL	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	<input checked="" type="checkbox"/> <i>Dir.</i>	<input type="checkbox"/> Delete
NAME	JANOSKY, MIKE	
STREET ADDRESS	14815 SW 153RD STREET	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOTKIN, SID	
STREET ADDRESS	15025 SW 148 STREET	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEINZEN, KEN	
STREET ADDRESS	14643 SW 141 CT	
CITY-ST-ZIP	MIAMI, FL 33186	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>sec</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie Wadell	
STREET ADDRESS	14721 SW 148 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID JONES	
STREET ADDRESS	14605 SW 141 PL	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Janosky	
STREET ADDRESS	14815 SW 153 ST	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY GERSHEN	
STREET ADDRESS	14601 COUNTRY WALK DRIVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-06 *305-2388452*
 Date Daytime Phone #