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CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **761936** (4)

1. Corporation Name

**COUNTRY WALK COUNTRY VILLAS ASSOCIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**500001486455**  
-05/12/95 --01109--022  
\*\*\*\*\*130.00 \*\*\*\*\*130.00

Principal Place of Business Mailing Address  
**14601 COUNTRY WALK DR MIAMI FL 33186** **14601 COUNTRY WALK DR MIAMI FL 33186**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/11/1982** 3a. Date of Last Report **03/25/1994**

4. FEI Number **59-2168493** 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. 199.032, 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 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SKRLD, INC./  
201 ALHAMBRA CIR STE 1102  
CORAL GABLES FL 33134**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

12. 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	11 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIGRETTO, RON</b>	12 NAME	<b>MALEA, FRANK</b>
STREET ADDRESS	<b>14601 COUNTRY WALK DRIVE</b>	13 STREET ADDRESS	<b>14601 COUNTRY WALK DRIVE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	14 CITY - ST - ZIP	<b>MIAMI, FL 33186</b>
TITLE	<b>V</b>	21 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARTFORD, JOHN</b>	22 NAME	<b>MARKS, MARCIA</b>
STREET ADDRESS	<b>14601 COUNTRY WALK DRIVE</b>	23 STREET ADDRESS	<b>14601 COUNTRY WALK DRIVE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	24 CITY - ST - ZIP	<b>MIAMI, FL 33186</b>
TITLE	<b>S</b>	31 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BAKER, PHIL</b>	32 NAME	<b>FUERTES, SOCRATES</b>
STREET ADDRESS	<b>14601 COUNTRY WALK DRIVE</b>	33 STREET ADDRESS	<b>14601 COUNTRY WALK DRIVE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	34 CITY - ST - ZIP	<b>MIAMI, FL 33186</b>
TITLE	<b>T</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOOD, HELENE J</b>	42 NAME	
STREET ADDRESS	<b>14601 COUNTRY WALK DRIVE</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	44 CITY - ST - ZIP	
TITLE	<b>D</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAYNOR, JIM</b>	52 NAME	
STREET ADDRESS	<b>14601 COUNTRY WALK RIVE</b>	53 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	54 CITY - ST - ZIP	
TITLE	<b>D</b>	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHIRAR, LUCY</b>	62 NAME	
STREET ADDRESS	<b>14601 COUNTRY WALK DRIVE</b>	63 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	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: *Philip E. Baker* Philip E. Baker 1-26-95 305-238-9336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*RW*