

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jul 15 1996 8:00 am
 Secretary of State

DOCUMENT # 761936 (4)
 1. Corporation Name
COUNTRY WALK COUNTRY VILLAS ASSOCIATION, INC.

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/11/1982	3a. Date of Last Report 05/01/1995
21		26		4. FEI Number 59-2168493	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 _____ (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	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIGRETTO, RON		1.2 NAME	Frank Maler	
STREET ADDRESS	14601 COUNTRY WALK DRIVE		1.3 STREET ADDRESS	14601 Country Walk Drive	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, Fl. 33186	
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTFORD, JOHN		2.2 NAME	James Gaynor	
STREET ADDRESS	14601 COUNTRY WALK DRIVE		2.3 STREET ADDRESS	14601 Country Walk Dr.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, Fl. 33196	
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, PHIL		3.2 NAME	Phil Baker	
STREET ADDRESS	14601 COUNTRY WALK DRIVE		3.3 STREET ADDRESS	14601 Country Walk Drive	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, Fl. 33186	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALER, FRANK		4.2 NAME	Bob Witt	
STREET ADDRESS	14601 COUNTRY WALK DRIVE		4.3 STREET ADDRESS	14601 Country Walk Drive	
CITY-ST-ZIP	MIAMI FL 33186		4.4 CITY-ST-ZIP	Miami, Fl. 33196	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYNOR, JIM		5.2 NAME		
STREET ADDRESS	14601 COUNTRY WALK RIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRAR, LUCY		6.2 NAME		
STREET ADDRESS	14601 COUNTRY WALK DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		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: *Frank W. Maler*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **FRANK W. MALER President**
 Date: **6/27/96** Daytime Phone #: **305-251-3122**

CR2E037 (3/96)