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**May 16 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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.



Principal Place of Business Mailing Address
14601 COUNTRY WALK DR MIAMI FL 33186 **14601 COUNTRY WALK DR MIAMI FL 33186-5611**

3. Date Incorporated or Qualified **02/11/1982** 3a. Date of Last Report **07/15/1996**

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

9. Name and Address of Current Registered Agent
**SKRLD, INC./
201 ALHAMBRA CIR STE 1102
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name **Joyce Goodman-Guenther**
82 Street Address (P.O. Box Number is Not Acceptable) **10723 S.W. 104th Street**
83
84 City **Miami, FL** 85 Zip Code **33176**

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 *Joyce Goodman-Guenther* DATE **4/19/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MALER, FRANK	
STREET ADDRESS	14601 COUNTRY WALK DR	
CITY - ST - ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GAYNOR, JAMES	
STREET ADDRESS	14601 COUNTRY WALK DRIVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BAKER, PHIL	
STREET ADDRESS	14601 COUNTRY WALK DRIVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WITT, BOB	
STREET ADDRESS	14601 COUNTRY WALK DRIVE	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Maler, Elaine	
1.3 STREET ADDRESS	14601 Country Walk Drive	
1.4 CITY - ST - ZIP	Miami, FL. 33186	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Fuertes, Socrates	
2.3 STREET ADDRESS	14601 Country Walk Drive	
2.4 CITY - ST - ZIP	Miami, FL. 33186	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Baker, Phil	
3.3 STREET ADDRESS	14601 Country Walk Drive	
3.4 CITY - ST - ZIP	Miami, FL. 33186	
4.1 TITLE	SD/TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Witt, Bob	
4.3 STREET ADDRESS	14601 Country Walk Drive	
4.4 CITY - ST - ZIP	Miami, FL. 33186	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 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: *James J. Gaynor* **James J. Gaynor** 305-238-9336
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0027770

CR2E037 (9/96)