

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761936 (4)
 1. Corporation Name
COUNTRY WALK COUNTRY VILLAS ASSOCIATION, INC.

Principal Place of Business 14801 COUNTRY WALK DR MIAMI FL 33186	Mailing Address 14801 COUNTRY WALK DR MIAMI FL 33186
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21 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	26 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Incorporated or Qualified 02/11/1982	Applied For Not Applicable
4. FEI Number 59-2168493	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GUENTHER-GOODMAN, JOYCE
10723 SW 104TH ST
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MALER, FRANK	
STREET ADDRESS	14801 COUNTRY WALK DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GAYNOR, JAMES	
STREET ADDRESS	14801 COUNTRY WALK DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAKER, PHIL	
STREET ADDRESS	14801 COUNTRY WALK DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SOTD	<input checked="" type="checkbox"/> DELETE
NAME	WITT, BOB	
STREET ADDRESS	14801 COUNTRY WALK DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MALER, ELAINE	
STREET ADDRESS	14801 COUNTRY WALK DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FUERTES, SOCRATES	
STREET ADDRESS	14801 COUNTRY WALK DRIVE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James Gaynor	
1.3 STREET ADDRESS	14601 Country Walk Dr.	
1.4 CITY-ST-ZIP	Miami, FL 33186	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Witt, Bob	
2.3 STREET ADDRESS	14601 Country Walk Dr	
2.4 CITY-ST-ZIP	Miami, FL 33186	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Wendy Gerhard	
3.3 STREET ADDRESS	14601 country walk Dr.	
3.4 CITY-ST-ZIP	Miami, FL 33186	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Socrates Fuertes	
4.3 STREET ADDRESS	14601 Country Walk Dr	
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 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: *[Handwritten Signature]* **PLS 04/17/98 -18-98**

CR2E037 (10/97)