

**NOT-FOR-PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

AMENDON

FILED

09-04-2002 90088 009 \*\*\*\*70.00  
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DOCUMENT # 761936

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02 SEP -9

1. Entity Name  
Country Walk Country Villas, ~~Associates~~ Association, Inc.  
c/o Harbor Management Services, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY  
TALLAHASSEE

**DO NOT WRITE IN THIS SPACE**

978142

2. Principal Place of Business  
15600 SW 288 Street  
Suite, Apt. #, etc.  
406

3. Mailing Address  
PO Box 924176  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami FL

City & State  
Homestead, FL

4. FEI Number  
59-2168493

Applied For  
Not Applicable.

Zip  
33033

Country  
USA

Zip  
33092

Country  
USA

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Michael Rehr, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
9500 S. Dadeland Blvd., #550  
City Miami FL Zip Code 33156

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.

SIGNATURE 

8/2/02  
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25  
Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Richard Wheeler
STREET ADDRESS	14404 SW 142 Court
CITY-ST-ZIP	Miami, FL 33186
TITLE	VPD
NAME	Robert Witt
STREET ADDRESS	14413 SW-142-Court
CITY-ST-ZIP	Miami, FL 33186
TITLE	TD
NAME	Philip Baker
STREET ADDRESS	14405 SW 143 Court
CITY-ST-ZIP	Miami, FL 33186
TITLE	SD
NAME	Dena Vermeulen
STREET ADDRESS	14526 SW 142 Court Circle
CITY-ST-ZIP	Miami, FL 33186
TITLE	D
NAME	CATALINA Garcia
STREET ADDRESS	14546 SW 142 Court Circle
CITY-ST-ZIP	Miami, FL 33186

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  RICHARD E. WHEELER

8/23/02 305-254-3106  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR