


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90045 036 \*\*\*\*70.00

DOCUMENT # 761936					
1. Entity Name COUNTRY WALK COUNTRY VILLAS ASSOCIATION, INC.					
Principal Place of Business 15600 SW 288 STREET 406 MIAMI, FL 33033		Mailing Address P.O. BOX 924176 HOMESTEAD, FL 33092			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2168493	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
PERSAND, SAMUEL A 1320 S. DIXIE HWY, 715 MIAMI, FL 33146				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MIRANDA, LISSET	NAME	Phil Baker		
STREET ADDRESS	14524 SW 142 CIR.	STREET ADDRESS	14405 SW 143 CT		
CITY - ST - ZIP	MIAMI, FL 33186	CITY - ST - ZIP	Miami, FL 33186		
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GERHARD, WENDY	NAME			
STREET ADDRESS	14407 SW 142 CT	STREET ADDRESS			
CITY - ST - ZIP	MIAMI, FL 33186	CITY - ST - ZIP			
TITLE	TS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHOFFNER, CHRISTINA	NAME			
STREET ADDRESS	14406 SW 142 CT.	STREET ADDRESS			
CITY - ST - ZIP	MIAMI, FL 33186	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEGUARA, SETH	NAME			
STREET ADDRESS	14421 SW 143 CT.	STREET ADDRESS			
CITY - ST - ZIP	MIAMI, FL 33186	CITY - ST - ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARCIA, CATALINA	NAME			
STREET ADDRESS	14546 SW 142 COURT CIRCLE	STREET ADDRESS			
CITY - ST - ZIP	MIAMI, FL 33186	CITY - ST - ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DELGADO, LEOPOLD	NAME			
STREET ADDRESS	14410 SW 142 CT.	STREET ADDRESS			
CITY - ST - ZIP	MIAMI, FL 33186	CITY - ST - ZIP			
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Christina S. Shoffner Secretary</i> 3/11/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	

54019915



02132004 Chg-NP CR2E037 (10/03)