


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90076 009 \*\*\*\*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**

**40014592**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01072005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**59-2168493**

Applied For  
 Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERSAND, SAMUEL A**  
**1320 S. DIXIE HWY, 715**  
**MIAMI, FL 33146**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P	<input type="checkbox"/> Delete
NAME	MIRANDA, LISSET	
STREET ADDRESS	14524 SW 142 CIR.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GERHARD, WENDY	
STREET ADDRESS	14407 SW 142 CT	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	-TS	<input type="checkbox"/> Delete
NAME	SHOFFNER, CHRISTINA	
STREET ADDRESS	14406 SW 142 CT.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEGUARA, SETH	
STREET ADDRESS	14421 SW 143 CT.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAKER, PHIL	
STREET ADDRESS	14405 SW 143 CT.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DELGADO, LEOPOLD	
STREET ADDRESS	14410 SW 142 CT.	
CITY-ST-ZIP	MIAMI, FL 33186	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Lisset Miranda* **PRESIDENT LISSET MIRANDA** 01-21-05 (305) 964-3148  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #