


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90313 039 ****70.00

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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 Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, LISSET		NAME	Shoffner, Christina	
STREET ADDRESS	14524 SW 142 CIR.		STREET ADDRESS	14406 SW 142 CT	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	Miami, FL 33186	
TITLE	IS PRESIDENT	<input type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHOFFNER, CHRISTINA		NAME	Freed, Roberta	
STREET ADDRESS	14406 SW 142 CT.		STREET ADDRESS	14526 SW 142 Place Circle	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Dickinson, Michael	
STREET ADDRESS			STREET ADDRESS	14607 SW 143 Place Circle	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Gordils, Henry	
STREET ADDRESS			STREET ADDRESS	1413 SW 143 Court	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Kaufman, Josh	
STREET ADDRESS			STREET ADDRESS	14405 SW 143 Court	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Pres</i>		Date: 3/31/06		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	