


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90040 017 \*\*\*\*70.00

<b>DOCUMENT # 761936</b>					
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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKINSON, MICHAEL			NAME	
STREET ADDRESS	14607 SW 143 PL CIR			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MARTIZA			NAME	
STREET ADDRESS	14510 SW 142 PL CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196			CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREED, ROBERTA			NAME	
STREET ADDRESS	14526 SW 142 PLACE CIR			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	GORDILS, HENRY			NAME	
STREET ADDRESS	14413 SW 143 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	KAUFMAN, JOSH			NAME	
STREET ADDRESS	14405 SW 143 CT			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186			CITY-ST-ZIP	
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 619, 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>MICHAEL J. DICKINSON</i> <i>Michael J. Dickinson</i> 1/25/08 305-233-8181					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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4. FEI Number 59-2168493 Applied For Not Applicable

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