

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761936

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: COUNTRY WALK COUNTRY VILLAS ASSOCIATION, INC.

**Current Principal Place of Business:**

15600 SW 288 STREET  
406  
MIAMI, FL 33033

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 924176  
HOMESTEAD, FL 33092

**New Mailing Address:**

FEI Number: 59-2168493      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DICKINSON, MICHAEL  
Address: 14607 SW 143 PL CIR  
City-St-Zip: MIAMI, FL 33196

Title: D ( ) Delete  
Name: RODRIGUEZ, MARTIZA  
Address: 14510 SW 142 PL CIRCLE  
City-St-Zip: MIAMI, FL 33196

Title: ST ( ) Delete  
Name: FREED, ROBERTA  
Address: 14526 SW 142 PLACE CIR  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: GORDILS, HENRY  
Address: 14413 SW 143 CT  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: KAUFMAN, JOSH  
Address: 14405 SW 143 CT  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL DICKINSON

P

01/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date