

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:13

DOCUMENT # **N06980** (9)

1. Corporation Name

VILLAGE HOMES AT COUNTRY WALK MASTER MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

14601 COUNTRY WALK DRIVE
MIAMI FL 33186

14601 COUNTRY WALK DRIVE
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1985

3a. Date of Last Report

07/05/1994

4. FEI Number

59-2490526

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

GOODMAN-GUENTHER, JOYCE
13825 SW 82 CT
MIAMI FL 33158

10. Name and Address of New Registered Agent

81 Name

Joyce Goodman-Guenther, Esq

82 Street Address (P.O. Box Number is Not Acceptable)

10723 S.W. 104 Street

84 City

Miami

85 FL

Zip Code

33176

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Joyce Goodman-Guenther

2/2/95

By (Name, Title, or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BURRICHTER, CECILIA
STREET ADDRESS	14601 COUNTRY WALK DRIVE
CITY-ST-ZIP	MIAMI FL 33186
TITLE	VPD
NAME	BERNABE, CHICK
STREET ADDRESS	14601 COUNTRY WALK DRIVE
CITY-ST-ZIP	MIAMI FL 33186
TITLE	TD
NAME	MEACHAM, PATRICIA
STREET ADDRESS	14601 COUNTRY WALK DRIVE
CITY-ST-ZIP	MIAMI FL 33186
TITLE	SD
NAME	SUKEL, LAURIE
STREET ADDRESS	14601 COUNTRY WALK DRIVE
CITY-ST-ZIP	MIAMI FL 33186
TITLE	D
NAME	ORLANDO, CATHERINE
STREET ADDRESS	14601 COUNTRY WALK DRIVE
CITY-ST-ZIP	MIAMI FL 33186
TITLE	D
NAME	WARREN, SARA
STREET ADDRESS	14601 COUNTRY WALK DRIVE
CITY-ST-ZIP	MIAMI FL 33186

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ADVIS. P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WARREN, SARA	
1.3 STREET ADDRESS	14601 COUNTRY WALK DRIVE	
1.4 CITY-ST-ZIP	MIAMI, FL 33186	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHAVES, RAHEL	
2.3 STREET ADDRESS	14601 COUNTRY WALK DRIVE	
2.4 CITY-ST-ZIP	MIAMI, FL 33186	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SERTELL, CHERYL	
3.3 STREET ADDRESS	14601 COUNTRY WALK DRIVE	
3.4 CITY-ST-ZIP	MIAMI, FL 33186	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SHERMAN, ED	
4.3 STREET ADDRESS	14601 COUNTRY WALK DRIVE	
4.4 CITY-ST-ZIP	MIAMI, FL 33186	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	OLIVER, LOUISE	
6.3 STREET ADDRESS	14601 COUNTRY WALK DRIVE	
6.4 CITY-ST-ZIP	MIAMI, FL 33186	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE:

Laurie Sukel, Secretary 2/3/95 (305) 253-5823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURIE SUKEL