

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N06980 (9)**

1. Corporation Name

**VILLAGE HOMES AT COUNTRY WALK MASTER MAINTENANCE ASSOCIATION, INC.**



Principal Place of Business: **14601 COUNTRY WALK DRIVE MIAMI FL 33186**  
Mailing Address: **14601 COUNTRY WALK DRIVE MIAMI FL 33186**

3. Date Incorporated or Qualified: **01/07/1985**  
3a. Date of Last Report: **02/15/1995**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**

4. FEI Number: **59-2490526**  
Applied For:  Not Applicable:

Suite, Apt. #, etc.: **22**

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

City & State: **23**

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

Zip: **24** Country: **25**

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

Zip: **29** Country: **30**

**9. Name and Address of Current Registered Agent**  
**GOODMAN-GUENTHER, JOYCE**  
**10723 SW 104TH ST**  
**MIAMI FL 33176**

**10. Name and Address of New Registered Agent**  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARREN, SARA</b>	1.2 NAME	
STREET ADDRESS	<b>14601 COUNTRY WALK DR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERNABE, CHICK</b>	2.2 NAME	
STREET ADDRESS	<b>14601 COUNTRY WALK DRIVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33186</b>	2.4 CITY - ST - ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MEACHAM, PATRICIA</b>	3.2 NAME	<b>TD, ASSISTANT T.</b>
STREET ADDRESS	<b>14601 COUNTRY WALK DRIVE</b>	3.3 STREET ADDRESS	<b>Mastandrea, June</b>
CITY - ST - ZIP	<b>MIAMI FL 33186</b>	3.4 CITY - ST - ZIP	<b>13713-4 SW 147 Circle Lane</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUKEL, LAURIE</b>	4.2 NAME	
STREET ADDRESS	<b>14601 COUNTRY WALK DRIVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33186</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ORLANDO, CATHERINE</b>	5.2 NAME	
STREET ADDRESS	<b>14601 COUNTRY WALK DRIVE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33186</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLIVER, LOUISE</b>	6.2 NAME	
STREET ADDRESS	<b>14601 COUNTRY WALK DRIVE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	6.4 CITY - ST - ZIP	

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 address.

SIGNATURE: *June Mastandrea, A.T.* **March 6, 1996** (305) 246-5867  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)