

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 07 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 | Mailing Address |
| 14601 COUNTRY WALK DRIVE MIAMI FL 33186 | 14601 COUNTRY WALK DRIVE MIAMI FL 33186-5611 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/07/1985 | 3a. Date of Last Report 03/11/1996 |
|--|--|

| | | | |
|--|--|---|--|
| 2. Principal Place of Business 21 27501 S. Dixie Hwy | 2a. Mailing Address 26 P.O. Box 924176 | 4. FEI Number 59-2490526 | Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. 22 207 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State 23 Homestead, FL | City & State 28 Homestead, FL | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip 24 33032 | Country 25 Dade | Zip 29 33032 | Country 30 Dade |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODMAN-GUENTHER, JOYCE
10723 SW 104TH ST
MIAMI FL 33176

| | |
|---|-------------|
| 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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE:

Chick Bernabe **CHICK BERNABE** 3/27/97 (305) 246-5867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE PRESIDENT

Daytime Phone # 0027776

CR2E037 (9/96)