

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90133 018 ****70.00

DOCUMENT # N06980

1. Entity Name

VILLAGE HOMES AT COUNTRY WALK MASTER MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

27501 S DIXIE HWY
 207
 HOMESTEAD FL 33032
 US

Mailing Address

P.O BOX 924176
 HOMESTEAD FL 33032
 US

2. Principal Place of Business

15600 SW 288 Street

Suite, Apt. #, etc.

Suite #406

City & State
 Miami, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

59-2490526

Applied For

Not Applicable

Zip
 33033

Country
 USA

Zip

Country

5. Certificate of Status Desired X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARREN, SARA 14601 COUNTRY WALK DR MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERNABE, CHICK 14601 COUNTRY WALK DRIVE MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEACHAM, PATRICIA 14601 COUNTRY WALK DRIVE MIAMI FL 33186	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD Treasurer HESS, JOSEPH 14601 COUNTRY WALK DR MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD Secretary OLIVER, LOUISE 14601 COUNTRY WALK DRIVE MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERTELL, CHERYL 14601 COUTREY WALK DR MIAMI FL 33186	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Marianella Vila 14601 Country Walk Drive Miami, FL 33184	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sam Nifah 14601 Country Walk Drive Miami FL 33184	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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 617, 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: *[Signature]* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)