


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90014 018 ****70.00

DOCUMENT # N06980

1. Entity Name
 VILLAGE HOMES AT COUNTRY WALK MASTER MAINTENANCE ASSOCIATION, INC.



Principal Place of Business
 15600 SW 288 STREET
 SUITE #406
 MIAMI, FL 33033 US

Mailing Address
 P.O BOX 924176
 HOMESTEAD, FL 33032 US

DO NOT WRITE IN THIS SPACE



02172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2490526	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARREN, SARA 14601 COUNTRY WALK DR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERNABE, CHICK 14601 COUNTRY WALK DRIVE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILA, MARIANELLA 14601 COUNTRY WALK DRIVE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HESS, JOSEPH 14601 COUNTRY WALK DR MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLIVER, LOUISE 14601 COUNTRY WALK DRIVE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERTELL, CHERYL 14601 COUTREY WALK DR MIAMI, FL 33186

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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]* 3/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #