

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# N06980

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

Current Principal Place of Business:

15600 SW 288 STREET
SUITE #406
HOMESTEAD, FL 33092 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 924176
HOMESTEAD, FL 33092 US

New Mailing Address:

FEI Number: 59-2490526 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WARREN, SARA
Address: 14601 COUNTRY WALK DRIVE
City-St-Zip: MIAMI, FL 33186

Title: VPD () Delete
Name: BERNABE, CHICK
Address: 14601 COUNTRY WALK DRIVE
City-St-Zip: MIAMI, FL 33186

Title: D (X) Delete
Name: HISTER, PATTY
Address: 14601 COUNTRY WALK DRIVE
City-St-Zip: MIAMI, FL 33186

Title: P () Delete
Name: OLIVER, LOUISE
Address: 14601 COUNTRY WALK DRIVE
City-St-Zip: MIAMI, FL 33186

Title: S () Delete
Name: SERTELL, CHERYL
Address: 14601 COUNTRY WALK DR
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: HOHDE, PATRICIA
Address: 14601 COUNTRY WALK DRIVE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUISE OLIVER

P

03/12/2009

Electronic Signature of Signing Officer or Director

_____ Date