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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N06982** (5)

1. Corporation Name
**VILLAGE HOMES AT COUNTRY WALK CONDOMINIUM NO. ON
E MAINTENANCE ASSOCIATION, INC.**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/07/1985	3a. Date of Last Report 07/28/1994
4. FEI Number 59-2490287	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODMAN-GUENTHER, JOYCE
~~13825 SW 62 CT~~ **10723 SW 104 ST**
MIAMI FL 33153
33176

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Joyce Goodman-Guenther* DATE: **3/21/95**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BURRICHTER, CECILIA
STREET ADDRESS	13766 S.W. 147TH CIR., LANE 4
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	BERNABE, CHUCK
STREET ADDRESS	13749 SW 149TH CIR. LANE, STE. 3
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	BERMAN, RON
STREET ADDRESS	13730 SW 147TH CIR. LANE, STE. 4
CITY - ST - ZIP	MIAMI FL
TITLE	T
NAME	MEACHAM, PATRICIA
STREET ADDRESS	13713 SW 149TH CIR. LANE, STE. 4
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	ORLANDO, CATHERINE
STREET ADDRESS	13755 SW 147TH CIR. LANE, STE. 1
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Aahel B. Chaves	
1.3 STREET ADDRESS	14601 Country Walk DR	
1.4 CITY - ST - ZIP	MIAMI FL 33186	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Edwin Olsen	
2.3 STREET ADDRESS	14601 Country Walk DR	
2.4 CITY - ST - ZIP	MIAMI FL 33186	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sue Newton	
3.3 STREET ADDRESS	14601 Country Walk DR	
3.4 CITY - ST - ZIP	MIAMI FL 33186	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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PREPARED BY: *APPL*

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*****1170.00 ***130.00**

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: *Rahel B. Chaves* DATE: **3/21/95** **520-6066**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designation