

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **NO6982**  
1. Corporation Name

Village Homes at Country Walk  
No. 1-9 Maintenance Association, Inc.

Principal Place of Business: 27501 S. Dixie Highway Suite 207 Homestead, FL 33032  
Mailing Address: PO Box 924176 Homestead, FL 33092

2. Principal Place of Business: 21 27501 S. Dixie Highway  
Suite, Apt. #, etc.: 22 Suite 207  
City & State: 23 Homestead, FL  
Zip: 24 33032 Country: 25 USA

2a. Mailing Address: 26 PO Box 924176  
Suite, Apt. #, etc.: 27  
City & State: 28 Homestead, FL  
Zip: 29 33092-4176 Country: 30 USA

3. Date incorporated or Qualified: Nov. 14, 1993  
3a. Date of Last Report: N/A  
4. FEI Number: 59-2490287  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: Joyce Goodman-Guenther, Esquire, 10723 SW 104 Street, Miami, FL 33176

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: Warren, Sara	1.1 TITLE: Assistant Treas/D	NAME: Mastandrea, June
STREET ADDRESS: 14601 Country Walk Dr.	CITY-ST-ZIP: Miami, FL 33186	1.3 STREET ADDRESS: 14601 Country Walk Dr.	CITY-ST-ZIP: Miami, FL 33186
TITLE: VPD	NAME: Bernabe, Chick	2.1 TITLE: D	NAME: Sertel, Cheryl
STREET ADDRESS: 14601 Country Walk Drive	CITY-ST-ZIP: Miami, FL 33186	2.2 STREET ADDRESS: 14601 Country Walk Dr.	CITY-ST-ZIP: Miami, FL 33186
TITLE: TD	NAME: Meacham, Patricia	3.1 TITLE: D	NAME: Fronk, Valerie
STREET ADDRESS: 14601 Country Walk Dr.	CITY-ST-ZIP: Miami, FL 33186	3.3 STREET ADDRESS: 14601 Country Walk Dr.	CITY-ST-ZIP: Miami, FL 33186
TITLE: D	NAME: Sukel, Laurie	4.1 TITLE: D	NAME: Peer, Rod
STREET ADDRESS: 14601 Country Walk Drive	CITY-ST-ZIP: Miami, FL 33186	4.3 STREET ADDRESS: 14601 Country Walk Dr.	CITY-ST-ZIP: Miami, FL 33186
TITLE: D	NAME: Orlando, Catherine	5.1 TITLE: D	NAME: Oliver, Louise
STREET ADDRESS: 14601 Country Walk Dr.	CITY-ST-ZIP: Miami, FL 33186	5.3 STREET ADDRESS: 14601 Country Walk Drive	CITY-ST-ZIP: Miami, FL 33186
TITLE: S D	NAME: Oliver, Louise	6.1 TITLE: 600001897266	NAME: -07/17/96--01109--019
STREET ADDRESS: 14601 Country Walk Drive	CITY-ST-ZIP: Miami, FL 33186	6.3 STREET ADDRESS: ***70.00	6.4 CITY-ST-ZIP: 7/17/96

14. I do hereby certify that the information supplied in 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: *Mastandrea, June* DATE: 4/27/96 DAYTIME PHONE: (305) 246-5867

CR2E037 (12/95)