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Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N06982 (5)

1. Corporation Name

VILLAGE HOMES AT COUNTRY WALK NO. 1-9 MAINTENANCE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

27501 S. DIXIE HWY.
SUITE 207
HOMESTEAD FL 33032

PO BOX 924176
HOMESTEAD FL 33092-4176

3. Date Incorporated or Qualified
01/07/1985

3a. Date of Last Report
07/17/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2490287

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WARREN, SARA
STREET ADDRESS 14601 COUNTRY WALK DR.
CITY-ST-ZIP MIAMI FL 33186

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD
NAME BERNABE, CHICK
STREET ADDRESS 14601 COUNTRY WALK DR.
CITY-ST-ZIP MIAMI FL 33186

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME MEACHAM, PATRICIA
STREET ADDRESS 14601 COUNTRY WALK DR.
CITY-ST-ZIP MIAMI FL 33186

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME SUKEL, LAURIE
STREET ADDRESS 14601 COUNTRY WALK DR.
CITY-ST-ZIP MIAMI FL 33186

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME ORLANDO, CATHERINE
STREET ADDRESS 14601 COUNTRY WALK DR.
CITY-ST-ZIP MIAMI FL 33186

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE SD
NAME OLIVER, LOUISE
STREET ADDRESS 14601 COUNTRY WALK DR.
CITY-ST-ZIP MIAMI FL 33186

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

Chick Bernabe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0026365

CR2E037 (9/96)