

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 16 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 27501 S. DIXIE HWY. SUITE 207 HOMESTEAD FL 33032 | Mailing Address PO BOX 924176 HOMESTEAD FL 33092-4176 |
|---|---|

3. Date Incorporated or Qualified
01/07/1985

4. FEI Number
59-2490287

| | |
|----------------|--|
| Applied For | |
| Not Applicable | |

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**GOODMAN-GUENTHER, JOYCE
 10723 SW 104 ST.
 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 |

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|------------------------|
| TITLE | PD WARREN, SARA | 1.1 TITLE | RSD |
| NAME | 14601 COUNTRY WALK DR. | 1.2 NAME | OLIVER, LOUISE |
| STREET ADDRESS | MIAMI FL 33186 | 1.3 STREET ADDRESS | 14601 COUNTRY WALK DR. |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | MIAMI, FL. 33186 |
| TITLE | VPD BERNABE, CHICK | 2.1 TITLE | CSD |
| NAME | 14601 COUNTRY WALK DR. | 2.2 NAME | HESS, JOSEPH |
| STREET ADDRESS | MIAMI FL 33186 | 2.3 STREET ADDRESS | 14601 country walk dr. |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | MIAMI, FL. 33186 |
| TITLE | TD MEACHAM, PATRICIA | 3.1 TITLE | |
| NAME | 14601 COUNTRY WALK DR. | 3.2 NAME | |
| STREET ADDRESS | MIAMI FL 33186 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | D SUKEL, LAURIE | 4.1 TITLE | |
| NAME | 14601 COUNTRY WALK DR. | 4.2 NAME | |
| STREET ADDRESS | MIAMI FL 33186 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | D ORLANDO, CATHERINE | 5.1 TITLE | |
| NAME | 14601 COUNTRY WALK DR. | 5.2 NAME | |
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14. I hereby certify that the information supplied with this filing does not qualify for the information 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: *[Signature]* 3/3/98 305-235-1979

CR2E037 (1097)