

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90054 022 ****70.00

DOCUMENT # N06982

1. Entity Name

VILLAGE HOMES AT COUNTRY WALK NO. 1-9 MAINTENANC

Principal Place of Business

Mailing Address

27501 S. DIXIE HWY.
 SUITE 207
 HOMESTEAD FL 33032

PO BOX 924176
 HOMESTEAD FL 33092-4176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2490287

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | WARREN, SARA | |
| STREET ADDRESS | 14601 COUNTRY WALK DR. | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | BERNABE, CHICK | |
| STREET ADDRESS | 14601 COUNTRY WALK DR. | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MEACHAM, PATRICIA | |
| STREET ADDRESS | 14601 COUNTRY WALK DR. | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | CSD | <input type="checkbox"/> Delete |
| NAME | HESS, JOSEPH | |
| STREET ADDRESS | 14601 COUNTRY WALK DRIVE | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | RSD | <input type="checkbox"/> Delete |
| NAME | OLIVER, LOUISE | |
| STREET ADDRESS | 14601 COUNTRY WALK DR. | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SERTELL, CHERYL | |
| STREET ADDRESS | 14601 COUNTRY WALK DR | |
| CITY-ST-ZIP | MIAMI FL 33186 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

1/18/00 *Vice President*