## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 10, 2006 8:00 am Secretary of State

04-10-2006 90323 024 \*\*\*\*70.00

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## **DOCUMENT # N06982**

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



Principal Place of Business

Mailing Address

15600 SW 288 STREET PO BOX 924176 SUITE 406 HOMESTEAD, FL 33092-4176 HOMESTEAD, FL 33033										 			
2. Principal Place of Business 3.				3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					03232006 Chg-NP CR2E037 (11/05)					
City & State			City & State					4. FEI Number 59-2490			· · · · · · · · · · · · · · · · · · ·		optied For
Zip	Zip Country		Zip	Zip Cou							\$8.75 Add	ditional	
	6. Name	and Address of Current F	Registere	d Agent				7. Name and /	Address of I	New Regi	stered A	gent	
COOPMAN OUTSTUFF TOVOE						Name							
GOODMAN-GUENTHER, JOYCE 10723 SW 104 ST. MIAMI, FL 33176				Street Addres			dress (F	s (P.O. Box Number is Not Acceptable)					
					-	City	FL Zip Code					6	
	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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE .	SIGNATURE												
Filing Fee Is \$61.25 Due by May 1, 2006				9. Election Camp			\$5.00 May Be Added to Fees  Make check p Florida Departm						
	Due by N	lay 1, 2006		Trust Fund Co	munbugo		_	Added to Fees		riorida	ı Depart	ment of 5	rate
10.	Due by N	OFFICERS AND DIR	ECTORS	Trust Fund Co	11.			Added to Fees DDITIONS/CHA	NGES TO O				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** 

HAT WALLY YOUR .
NATURE AND THESE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #