

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N06980

**FILED  
Jul 28, 2016  
Secretary of State  
CC6335249126**

**Entity Name:** VILLAGE HOMES AT COUNTRY WALK MASTER MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

8000 NW 7TH ST  
SUITE #204  
MIAMI, FL 33126

**Current Mailing Address:**

8000 NW 7TH ST  
SUITE #204  
MIAMI, FL 33126 US

**FEI Number: 59-2490526**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PREFERRED ACCOUNTING SERVICES, INC.  
4913 SW 74TH CT  
MIAMI, FL 33155 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SD  
Name LESLIE, REYES  
Address C/O RENOVATIONS PROPERTY MANAGEMENT  
8000 NW 7 ST 204  
City-State-Zip: MIAMI FL 33126

Title TD  
Name PRIETO, ESTHER  
Address C/O RENOVATIONS PROPERTY MANAGEMENT  
8000 NW 7 STREET 204  
City-State-Zip: MIAMI FL 33126

Title PD  
Name TUNON, LUIS  
Address C/O RENOVATIONS PROPERTY MANAGEMENT  
8000 NW 7 ST 204  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR  
Name GRAHAN, ALAN  
Address C/O RENOVATIONS PROPERTY MANAGEMENT  
8000 NW 7 ST 204  
City-State-Zip: MIAMI FL 33126

Title VP  
Name VILLAMAYOR, LUIS  
Address C/O RENOVATIONS PROPERTY MANAGEMENT  
8000 NW 7 ST 204  
City-State-Zip: MIAMI FL 33126

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LUIS TUNON**

**P**

**07/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date