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

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

04-10-2006 90313 039 ****70.00

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DOCUMENT #761936

COUNTRY WALK COUNTRY VILLAS ASSOCIATION, INC.



Principal Place of Business 15600 SW 288 STREET

406

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS Mailing Address P.O. BOX 924176 HOMESTEAD, FL 33092

MIAMI, FL 3	33033									
2. Principal Place of Business 3. Ma			Mailing Address							
Suite, Apt. #, etc. S			Suite, Apt. #, etc.			03232006	Chg-NP	CR2E037	(11/05)	
City & State C			City & State			4. FEI Number Applied For 59-2168493 Not Applied be				
Zip Country Zi			ip Cour		ntry				8.75 Add ee Require	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
DEDCAND CAMUEL A					Name					
PERSAND, SAMUEL A 1320 S. DIXIE HWY, 715				-	Street Address (P.O. Box Number is Not Acceptable)			le)		
MIAMI, FL 33146				Silber Address (F.O. Box Maintel is Not						
					0.7				1 7:- 0	
					City			FL	Zip Cod	
	e named entity submits this statement for ations of registered agent:	or the purpos	se of changing its	registere	d office or regis	tered agent, or bot	n, in the State of F	lorida. I am fa	ımiliar with,	and accept
li le obliga	illoris of registered agent.									
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applic	able. (NOTE	: Registered	Agent signature requi	ired when reinstating)		DATE		
Filing Fee Is \$61.25 9. Election Campaign f					nancing	\$5.00 May B		Make check	pavable t	<u> </u>
Due by May 1, 2006			Trust Fund Contribution.			Added to Fees Florida Department of State				
10.	OFFICERS AND D	IRECTORS		11.		ADDITIONS/CHA	NGES TO OFFIC	ERS AND DIR	EGTORS IN	10
TITLE	Ρ "		Delete	TITLE		0.0		• •	Change	Addition
NAME	MIRANDA, LISSET		`	NAME	\$h	offner,C	hristina		1.	
STREET ADDRESS					TADDRESS Lyy	06 SW 142	C 1			
CITY-ST-ZIP	MIAMI, FL 33186			CITY-	ST-ZIP	ami FL 33	iele			,
TITLE	TO PRESIDENT		☐ Delete	TITLE	ST				☐ Change	Addition
NAME	SHOFFNER, CHRISTINA			NAME	E.					, ,
STREET ADDRESS				NAME	Fre	zed, Kobei	rta o	1.		
	14406 SW 142 CT.					zed Robei 26'SW 142		ircle		
CITY-ST-ZIP	14406 SW 142 CT. MIAMI, FL 33186			STREE		red, Kobei 126 SW 142 ami, FL 33		ircle		,
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CITY-ST-ZIP			☐ Delete	STREE CITY.	ST-ZIP Mic	ami, FL 35 Kinson H	ichael		Change	Addition
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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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

THLE

NAME

Pres stina SIGNATURE: DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

☐ Delete

Miami FL 3318X

Davime Phone #

☐ Change

☐ Addition