

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761936

FILED
Jan 30, 2009
Secretary of State

Entity Name: COUNTRY WALK COUNTRY VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

15600 SW 288 STREET
406
MIAMI, FL 33033

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 924176
HOMESTEAD, FL 33092

New Mailing Address:

FEI Number: 59-2168493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PERSAND, SAMUEL A
1320 S. DIXIE HWY, 715
MIAMI, FL 33146 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DICKINSON, MICHAEL
Address: 14607 SW 143 PL CIR
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: RODRIGUEZ, MARTIZA
Address: 14510 SW 142 PL CIRCLE
City-St-Zip: MIAMI, FL 33196

Title: ST () Delete
Name: FREED, ROBERTA
Address: 14526 SW 142 PLACE CIR
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: GORDILS, HENRY
Address: 14413 SW 143 CT
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: KAUFMAN, JOSH
Address: 14405 SW 143 CT
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL DICKINSON

P

01/30/2009

Electronic Signature of Signing Officer or Director

Date