

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # **N22558** (3)  
1. Corporation Name  
**VILLAGE HOMES AT COUNTRY WALK CONDOMINIUM NO. SE VEN MAINTENANCE ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**14601 COUNTRY WALK DR. MIAMI FL 33186** **12079 S.W. 131 AVENUE MIAMI FL 33186**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**GOODMAN-GUENTHER, JOYCE**  
**13825 SW 82 CT MIAMI FL 33158**  
*10723 SW 104 Street*  
*33176*

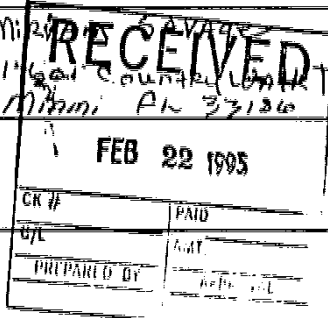
APPROVED AND FILED  
#17  
95 MAY -2 AM 8:46  
0414  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
1 0000 1 473531  
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\*\*\*1170.00 \*\*\*130.00  
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report  
**09/17/1987** **08/19/1994**  
4. FBI Number Applied For  
**65-0015953** Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  
SIGNATURE *Joyce Guenther* DATE *3/21/95*  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------------|---|--|
| TITLE                      | PD                       | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BURRICHTER, CECILIA      | 1.2 NAME  | GRACE ARIMURA  |
| STREET ADDRESS             | 14601 COUNTRY WALK DRIVE | 1.3 STREET ADDRESS                                    | 14601 COUNTRY WALK DR  |
| CITY - ST - ZIP            | MIAMI FL                 | 1.4 CITY - ST - ZIP                                   | MIAMI FL 33186   |
| TITLE                      | VPD                      | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BERNABE CHICK            | 2.2 NAME  | FRANK FUENTES  |
| STREET ADDRESS             | 14601 COUNTRY WALK DRIVE | 2.3 STREET ADDRESS                                    | 14601 COUNTRY WALK DR  |
| CITY - ST - ZIP            | MIAMI FL                 | 2.4 CITY - ST - ZIP                                   | MIAMI FL 33186   |
| TITLE                      | TD                       | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MEACHAM, PATRICIA        | 3.2 NAME  | MIRZA SAVAGE   |
| STREET ADDRESS             | 14601 COUNTRY WALK DRIVE | 3.3 STREET ADDRESS                                    | 14601 COUNTRY WALK DR  |
| CITY - ST - ZIP            | MIAMI FL                 | 3.4 CITY - ST - ZIP                                   | MIAMI FL 33186   |
| TITLE                      | SD                       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | SUKEL, LAURIE            | 4.2 NAME  |  |
| STREET ADDRESS             | 14601 COUNTRY WALK DRIVE | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | MIAMI FL                 | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      | D                        | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | ORLANDO, CATHERINE       | 5.2 NAME  |  |
| STREET ADDRESS             | 14601 COUNTRY WALK DRIVE | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | MIAMI FL                 | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      | D                        | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | WARREN, SARA             | 6.2 NAME  |  |
| STREET ADDRESS             | 14601 COUNTRY WALK DRIVE | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | MIAMI FL                 | 6.4 CITY - ST - ZIP                                   |  |



14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.  
SIGNATURE: *Grace Arimura* Date: *22 March 1995* *334-0723*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR