

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 11, 2007 8:00 am
Secretary of State

06-11-2007 90006 010 ****70.00

DOCUMENT # 746366	
1. Entity Name COUNTRY CLUB VILLAS TOWNHOMES CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 20450 N.W. 15TH AVE MIAMI FL 33169	Mailing Address 20450 N.W. 15TH AVE MIAMI FL 33169
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1989254 **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent MISSICK, DEWEY 20450 N.W. 15TH AVE MIAMI FL 33169	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	---

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By September 5, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME MISSICK, DEWEY STREET ADDRESS 20450 N.W. 15TH AVE CITY-ST-ZIP MIAMI FL 33169	<input type="checkbox"/> Delete	TITLE DIRECTOR NAME STEPHEN WINGARD STREET ADDRESS 20443 N.W. 15th Ave. B7 PH #4 CITY-ST-ZIP Miami FL 33169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME OKONMAH, TONY STREET ADDRESS 20613 N.W. 15TH AVE CITY-ST-ZIP MIAMI FL 33169	<input type="checkbox"/> Delete	TITLE DIRECTOR NAME KARL COOPER STREET ADDRESS 20601 N.W. 15th Ave. CITY-ST-ZIP Miami FL 33169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME NICHOLS, BRENDA STREET ADDRESS 20611 N.W. 15TH AVE CITY-ST-ZIP MIAMI FL 33169	<input checked="" type="checkbox"/> Delete	TITLE DIRECTOR NAME OZIE HINTON STREET ADDRESS 20011 NW 15th Ave. CITY-ST-ZIP Miami FL 33169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME WHITE, ARIS STREET ADDRESS 20609 NW 15 AVE. CITY-ST-ZIP MIAMI FL 33169	<input type="checkbox"/> Delete	TITLE DIRECTOR NAME SHAYTON HUTCHENS STREET ADDRESS 20452 N.W. 15th Ave. CITY-ST-ZIP Miami FL 33169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME EUGENE, WRIGHT STREET ADDRESS 20426 NW 15TH AVENUE CITY-ST-ZIP MIAMI FL 33169	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME DEGRAFF, MARY STREET ADDRESS 20605 NW 15TH AVENUE CITY-ST-ZIP MIAMI FL 33169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____