FILE NOW: FILING FEE AFTER MAY 1ST 13 \$550.00

PROFIT CORPORATION ANNUAL REPORT

COUNTRY CLUB OF MIAMI REALTY, INC.

1. Corpora ion Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 564516

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90179 019 ***150.00



|--|

Principal Place	e of Business	Mailing Address			-			
9700 SQ. DIXIE HWY #570 9700 SQ. DIXIE HWY #570			0					
MIAMI FL 32156 MIAMI FL 33156								
						T WRITE IN TH S	SPACE	
					3. Date Ir corporated or Qu	ıalifed		
					12/16/1977			
2. Principal Pi	ace of Business	2a. Mailing Address -			_ 4. FEI Number		Apr	ied For
21		26			59-1806448		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 0 11 1 10t-tu- B		\$8.75 A	dditional
22	•	27			5. Certificate of Status Des	ired 🗌	Fee Red	uired
City & S'ate	9	City & State			6. Election Campaign Fina	ncina	\$5.00	Jay Re
23		28		Trust Fund Contribution		Added to		
Zip	Country	Zip	Countr		8. This corporation owes the	a current year la		
		⊢ `	30	,	Personal Property Tax.	e correin year in		[]No
24	25		30		10. Name and Address of	New Registere 1		-
 -	9. Name and Add ess of Current	Registered Agent	8	1 Name 5	10. Name and Address of	/ resistered	Agein	
Both	EX. HUNT, JONES, & BUSTO, P.		ľ		DIVID IV. C	01011111	3	
501 BRICKELL KEY DR 300			8:	2 Street Ad	ress (P.O. Box Number is Not A	cceptable	1	
	JRVOISIER CENTRE		_	9'	100 S. DIX	1C 179		
			8	3	+1-7C	/		i
MIAI	VII FL 33131-9698		8-	4 City 11	47.3 /\J		85 Zip C	ode -
		•	0.	" City //	riami	FŁ	. ।" (ସଂସ୍	156
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Stature	s, the abo	ve-named co	poration submits this statement	for the purpose of	changing its	gistered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	Florida, Such change was at	thorized b	y the corporati	on's board of directors. I hereby	accept the appoi	ntment as reg	istered
agent. ⊢ai	m ramiliar with, and accept the doligation	ons or, section 607.0505. Fich			17500	4/2	2/90	اة
SIGNATURE	Signature typed or printed nate of registered agent			ent signature requir	January Sec	ATE \	2/ //	-— Ì
12.	OFFICERS AND		13.		ADDITIC NS/CHANGES	O OFFICERS /.I	ID DIRECTO	RS IN 12
TITLE	PDT	DELETE	1.1 TITLE				Change	Addition
NAME	BAILEY, GUY B	_	1.2 NAME				_	
	9700 SO. DIXIE HWY., #570							
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •			ET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33156	- Deciere	1.4 CITY-				Change	Addition
TITLE	ASD	☐ DELETE	2,1 TITLE				☐ Change	Addition
NAME	BABCOCK, MARY A	ر مستحدد ب	2 2 NAME					
STREET ADDRES \$	9700 SO. DIXIE HWY., #570		2.3 STRE	ET ADDRESS				- 1
CITY-ST-ZIP	MIAMI FL 33156		2 4 CITY	-ST-ZIP				
TITLE	AS	☐ DELETE	3.1 TITLE				Change	Addition
NAME	COLONNA, DAVID W		3.2 NAME	:				
STREET ADDRESS	9700 SO. DIXIE HWY., #570		3.3 STRE	ET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33156		3.4. CITY	-ST-ZIP				
TITLE	DVP	DELETE	4.1 TITLE				☐ Change	Addition
NAME	BAILEY, JOHN R		4. 2 NAMI	1				
	9700 SO. DIXIE HWY., #570							1
STREET ADDRES S			i i	ET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33156		4.4 CITY-				Change	Addition
TITLE	DS DATES DATES	☐ DELETE	5.1 TITLE					Additio(1
NAME	BAILEY, PATRICIA E.		5.2 NAME					
STREET ADDRESS	9700 SO. DIXIE HWY., #570			ET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33156		5 4 CITY-					
TITLE	D	DELETE	6.1 TITLE				Change	☐ Addition
NAME	BABCOCK, E. VOSE, III	Resigne d	6.2 NAME	.				
	DOOD OF DIVIE LAWY #570	kesigne a	63 STRE	ET ADDRESS I				-

CITY-ST-ZIP MIAMI FL 33156

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

DAVID W. COLDUM 4-23-99