

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90357 018 ***150.00

DOCUMENT # 564516

1. Entity Name

COUNTRY CLUB OF MIAMI REALTY, INC.



Principal Place of Business

9700 SO. DIXIE HWY., #570
MIAMI FL 33156

Mailing Address

9700 SO. DIXIE HWY., #570
MIAMI FL 33156

2. Principal Place of Business

490 NW South River Dr

3. Mailing Address

490 NW South River Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip 33128

Country Dade

Zip 33128

Country Dade



MOORE

CR2E034 (11/03)

4. FEI Number

59-1806448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLONNA, DAVID W
9700 S DIXIE HWY
#570
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name COLONNA, DAVID W.

Street Address (P.O. Box Number is Not Acceptable)

490 N.W. SOUTH RIVER DR.

City Miami,

FL

Zip Code 33128

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	COLONNA, DAVID W	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	AS	<input type="checkbox"/> Delete
NAME	OBREGON, ODALYS	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MACY, PATRICIA	
STREET ADDRESS	9700 S DIXIE HWY SUITE 570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	CD	<input type="checkbox"/> Delete
NAME	COFFEY, SUSAN	
STREET ADDRESS	9700 S. DIXIE HWY #570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLONNA, DAVID W	
STREET ADDRESS	490 NW South River Dr	
CITY-ST-ZIP	Miami, FL 33128	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OBREGON, ODALYS	
STREET ADDRESS	490 NW South River Dr	
CITY-ST-ZIP	Miami, FL 33128	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACY, PATRICIA	
STREET ADDRESS	490 NW South River Dr	
CITY-ST-ZIP	Miami, FL 33128	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFEY, SUSAN	
STREET ADDRESS	490 NW South River Dr	
CITY-ST-ZIP	Miami, FL 33128	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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:

David W. Colonna 4/27/04 305-545-6004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #