

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 726825 (3)  
1. Corporation Name

COUNTRY CLUB OF MIAMI FAIRWAY VILLAS S3/B1 ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 171053, HIALEAH FL 33017 US  
Mailing Address: P.O. BOX 171053, HIALEAH FL 33017 US

3. Date Incorporated or Qualified: 06/28/1973  
3a. Date of Last Report: 04/28/1995

|                                |                     |   |                                |
|--------------------------------|---------------------|---|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number   | Applied For                    |
| 21                             | 26                  | 59-1670562  | Not Applicable                 |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
| 22                             | 27                  | <input type="checkbox"/>  | \$5.00 May Be Added to Fees    |
| City & State                   | City & State        | 6. Election Campaign Financing Trust Fund Contribution  | <input type="checkbox"/>       |
| 23                             | 28                  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| Zip                            | Country             | 29  | 30                             |
| 24                             | 25                  | 29  | 30                             |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKER, POLIAKOFF & STREIFELD, P.A.  
BLUE LAGOON CORPORATE CENTER SUITE #250  
6161 BLUE LAGOON DR.  
MIAMI FL 33126

|    |  |
|----|--|
| 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | PTD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PETTIS, JOSEPHINE                   | 1.2 NAME  |   |
| STREET ADDRESS             | 18900 W. LAKE DR.                   | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | HIALEAH FL                          | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LEONARDI, JOAN                      | 2.2 NAME  |   |
| STREET ADDRESS             | 7356 OAKLAND HILLS DR               | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | HIALEAH FL                          | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TOBIN, RICHARD L                    | 3.2 NAME  |   |
| STREET ADDRESS             | 7354 OAKLAND HILLS DR.              | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | HIALEAH FL                          | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | SD <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FRIEDMAN, CAREN                     | 4.2 NAME  |   |
| STREET ADDRESS             | 18812 W. LAKE DR.                   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | HIALEAH FL                          | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 5.2 NAME  |   |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 6.2 NAME  |   |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Josephine Pettis, Pres/Dreas.* 4/28/96 829-8811  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOSEPHINE A. PETTIS  
 Date: 4/28/96 Daytime Phone #: 829-8811

CR2E037 (12/95)