


FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 726825 (3)**  
 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
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3. Date Incorporated or Qualified <b>06/28/1973</b>
4. FEI Number <b>59-1670562</b>
Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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**

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PETTIS, JOSEPHINE	
STREET ADDRESS	18900 W. LAKE DR.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEONARDI, JOAN	
STREET ADDRESS	7356 OAKLAND HILLS DR	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TOBIN, RICHARD L	
STREET ADDRESS	7354 OAKLAND HILLS DR.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, CAREN	
STREET ADDRESS	18812 W. LAKE DR.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	POTETTI, LEO J	
STREET ADDRESS	7350 OAKLAND HILLS DR	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD L. TOBIN	
1.3 STREET ADDRESS	7354 OAKLAND HILLS DR	
1.4 CITY-ST-ZIP	HIALEAH FL 33015	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRANK ANDERSON	
2.3 STREET ADDRESS	18817 OAKLAND HILLS	
2.4 CITY-ST-ZIP	HIALEAH FL 33015	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOAN LEONARDI	
3.3 STREET ADDRESS	7356 OAKLAND HILLS DR	
3.4 CITY-ST-ZIP	HIALEAH FL 33015	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: Richard L. Tobin 4/22/98

CR2E037 (10/97)