


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90280 033 \*\*\*\*61.25

<b>DOCUMENT # 726825</b>					
1. Entity Name COUNTRY CLUB OF MIAMI FAIRWAY VILLAS S3/B1 ASSOCIATION, INC.					
Principal Place of Business BOX 174051 HIALEAH, FL 33017 US		Mailing Address BOX 174051 HIALEAH, FL 33017 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04172005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-1670562	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BECKER & POLIAKOFF PA 5201 BLUE LAGOOD DRIVE SUITE 100 MIAMI, FL 33126			Name <b>BECKER &amp; POLIAKOFF, PA</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>210 ALHAMBRA PLAZA - 10th FLOOR</b>		
			City <b>CORAL GABLES</b> FL Zip Code <b>33134</b>		
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 _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	D	<input type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTIS, JOSEPHINE		NAME		
STREET ADDRESS	18900 WEST LAKE DR		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33015		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETTIS, JAMES		NAME	WHITMAN, LYNDA	
STREET ADDRESS	18900 WEST LAKE DRIVE		STREET ADDRESS	19012 WEST LAKE DR	
CITY-ST-ZIP	HIALEAH, FL 33015		CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	D	<input type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERACE, JOSEPH		NAME		
STREET ADDRESS	19213 EAST LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33015		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOLTAU, MARTHA		NAME	MASSEY, MELISSA	
STREET ADDRESS	7364 OAKLAND HILLS DRIVE		STREET ADDRESS	19008 WEST LAKE DR	
CITY-ST-ZIP	HIALEAH, FL 33015		CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, CARL		NAME		
STREET ADDRESS	19224 W. LAKE DR		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33015		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKLIN, CLARICE		NAME	BELL, STILLMAN	
STREET ADDRESS	19224 W. LAKE DR		STREET ADDRESS	19205 EAST LAKE DR	
CITY-ST-ZIP	HIALEAH, FL 33015		CITY-ST-ZIP	HIALEAH FL 33015	
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 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: <i>Lynda Whitman</i> LYNDA WHITMAN		Date: 4/18/04		Daytime Phone #	

20041768



04172005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1670562 Applied For Not Applicable

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

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

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PETTIS, JOSEPHINE	
STREET ADDRESS	18900 WEST LAKE DR	
CITY-ST-ZIP	HIALEAH, FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETTIS, JAMES	
STREET ADDRESS	18900 WEST LAKE DRIVE	
CITY-ST-ZIP	HIALEAH, FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	GERACE, JOSEPH	
STREET ADDRESS	19213 EAST LAKE DRIVE	
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NAME	SOLTAU, MARTHA	
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TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANKLIN, CARL	
STREET ADDRESS	19224 W. LAKE DR	
CITY-ST-ZIP	HIALEAH, FL 33015	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FRANKLIN, CLARICE	
STREET ADDRESS	19224 W. LAKE DR	
CITY-ST-ZIP	HIALEAH, FL 33015	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITMAN, LYNDA	
STREET ADDRESS	19012 WEST LAKE DR	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASSEY, MELISSA	
STREET ADDRESS	19008 WEST LAKE DR	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, STILLMAN	
STREET ADDRESS	19205 EAST LAKE DR	
CITY-ST-ZIP	HIALEAH FL 33015	

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 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: *Lynda Whitman* LYNDA WHITMAN Date: 4/18/04 Daytime Phone #