

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726825

FILED  
Feb 19, 2009  
Secretary of State

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

**Current Principal Place of Business:**

6941 S.W. 196 AVENUE  
#20  
PEMBROKE PINES, FL 33332 US

**New Principal Place of Business:**

**Current Mailing Address:**

6941 S.W. 196 AVENUE  
#20  
PEMBROKE PINES, FL 33332 US

**New Mailing Address:**

FEI Number: 59-1670562      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMAS J. TIGHE, P.A.  
800 EAST BROWARD BOULEVARD  
710  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: MORAN, ACELA  
Address: 18824 WEST LAKE DR  
City-St-Zip: HIALEAH, FL 33015

Title: D ( ) Delete  
Name: PETTIS, JAMES  
Address: 18900 WEST LAKE DRIVE  
City-St-Zip: HIALEAH, FL 33015

Title: D ( ) Delete  
Name: GERACE, JOSEPH  
Address: 19213 EAST LAKE DRIVE  
City-St-Zip: HIALEAH, FL 33015

Title: VD ( ) Delete  
Name: PETERSON, DIANNE  
Address: 19121 EAST LAKE DRIVE  
City-St-Zip: HIALEAH, FL 33015

Title: SD ( ) Delete  
Name: SPAETH, ANDREA  
Address: 18808 WEST LAKE DRIVE  
City-St-Zip: HIALEAH, FL 33015

Title: PD ( ) Delete  
Name: ACCURSO, ANTHONY  
Address: 18816 WEST LAKE DRIVE  
City-St-Zip: HIALEAH, FL 33015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY ACCURSO

P

02/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date