# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 10, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # 730589

1. Entity Name
COUNTRY CLUB OF MIAMI FAIRWAY VILLAS S2/B5&6 ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7322 STARDUST DR.<br>HIALEAH, FL 33015 | PO BOX 171362<br>HIALEAH, FL 33017 |

**DO NOT WRITE IN THIS SPACE**

01312006 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RICKE, DIANE
7322 STARDUST DR.
HIALEAH, FL 33015

**DO NOT WRITE IN THIS SPACE**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | SIMON, ART |
| STREET ADDRESS | 7321 PINE VALLEY DR |
| CITY-ST-ZIP | HIALEAH, FL 33015 |
| TITLE | V |
| NAME | ROSCIA, PETE |
| STREET ADDRESS | 7358 PINE VALLEY DR |
| CITY-ST-ZIP | HIALEAH, FL 33015 |
| TITLE | STD |
| NAME | RICKE, DIANE |
| STREET ADDRESS | 7322 STARDUST DR. |
| CITY-ST-ZIP | HIALEAH, FL 33015 |
| TITLE | D |
| NAME | CASTILLO, EMMA |
| STREET ADDRESS | 7344 STARDUST DR |
| CITY-ST-ZIP | HIALEAH, FL 33015 |
| TITLE | D |
| NAME | SIMPSON, WILLIAM |
| STREET ADDRESS | 7367 OAKLAND HILL DR. |
| CITY-ST-ZIP | HIALEAH, FL 33015 |
| TITLE | D |
| NAME | RODRIGUEZ, REINA |
| STREET ADDRESS | 7333 PINE VALLEY DR. |
| CITY-ST-ZIP | HIALEAH, FL 33015 |

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02/22/06-80032-003 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Diane Ricke Diane Ricke 2-8-2006 305-829-3372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #