2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90107 010 ****61.25

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. HIALEAH, FL 33015	PO BOX 171362 HIALEAH, FL 33017

03102007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
18919 W LAKE DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH, FL	City & State
Zip: 33015 Country	Zip Country

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	7. Name and Address of New Registered Agent
RICKE, DIANE 7322 STARDUST DR. HIALEAH, FL 33015	Name: LISETTE LEDESMA Street Address (P.O. Box Number is Not Acceptable): 18919 W LAKE DR. City: HIALEAH FL Zip Code: 33015

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: Lisette Ledesma 4-28-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SIMON, ART 7321 PUINE VALLEY DR HIALEAH, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Darlyn Espinosa 9336 Stardust Dr. Hialeah, FL 33015	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROSCIA, PETE 7358 PINE VALLEY DR HIALEAH, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LISETTE LEDESMA 18919 W LAKE DR HIALEAH, FL 33015	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD RICKE, DIANE 7322 STARDUST DR. HIALEAH, FL 33015	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIANE RICKE 7322 STARDUST DR. HIALEAH, FL 33015	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASTILLO, EMMA 7344 STARDUST DR HIALEAH, FL 33015	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMPSON, WILLIAM 7367 OAKLAND HILL DR. HIALEAH, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RODRIGUEZ, REINA 7333 PINE VALLEY DR. HIALEAH, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Lisette Ledesma 4-28-07 305-213-4558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #