


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # 741154 1. Entity Name COUNTRY CLUB OF MIAMI FAIRWAY VILLAS S1/B2 ASSOCIATION, INC.	
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Principal Place of Business 19300 EAST LAKE DRIVE HIALEAH, FL 33015	Mailing Address 7336 BAY HILL DR HIALEAH, FL 33015
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DO NOT WRITE IN THIS SPACE



01202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2364003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SHARPE, JAMES
19300 EAST LAKE DRIVE
HIALEAH, FL 33015**

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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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000707326 04/24/07-80066-020 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARPE, JAMES 19300 EAST LAKE DRIVE HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIVERA, MIGUEL 7331 PEPPER PYKE DR HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAGAN, BARBARA S. 7336 BAY HILL DRIVE HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Barbara S. Hagan **SECRETARY/TREASURER** 4/10/07 305/829-5811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #