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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name 744013

(4)

COUNTRY CLUB OF MIAMI FAIRWAY TOWNHOUSES ASSOCIA TION NO. 1, INC.

	NO. 1, INC.						II BIRII BIRII IBBI
Principal Place of Business Mailing Address		,	1 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BFBIR	OLDIN ONDER BIRDIN BIR	(1 TITAL OLAN (TO)	
18940 BOB-C HIALEAH FL		18940 BOB-O-LINK DR. HIALEAH FL 33015					
				3. Date Incorporated		3a. Date of Las	•
. Principal P	lace of Business	2a. Mailing Address	****	08/22/1979 4. FEI Number	В	08/10/	
}		26		59-211639	ve	<u> </u>	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		39 2 1 1038	.		Not Applicat
		27		5. Certificate of Statu	us Desired [, .	5 Additional Required
City & State	e	City & State		Election Campaign Trust Fund Contrib		\$5.0	00 May Be
Zip	Country	Zip	Country		JURION	Aude	d to Fees
	25	29	30	This corporation h. Florida Statutes		ngibie tax unders Yes □ No	. 199.032,
	9. Name and Address	of Current Registered Agent		10. Name and Addre	ss of New Regis	stered Agent	
			B1 Name		SON		
SICARD.	, NANGY		62 Street	Address (P.O. Box Number is I	Not Assentable		
	OB-O-LINK DR.		1 1 2		O - LIN		
	1 FL 33015		83			· · · · · ·	
			84 City				
			'	Hialezh		FL 85 26	p Code 3015
. Pursuant t	to the provisions of Sections	617.0502 and 617.1508, Florida Statutes, te of Florida Such change was authorized s of pection 617.0503, Florida Statutes.	the above named c	orporation submits this stateme	ent for the purpose	of changing its	registered of
familiar wi	ith, and accept the obligation	ite of Fiorioa Such change was authorized is of, bection 617.0503, Florida Statutes.	by the corporation's	board of directors. I hereby ac	cept the appointm	nent as registered	agent. I am
ICH HINGH AAI							
		1.) las			3	1 61	
SNATURE 🗹	Signature, typed of printed name of reg	pstered agent and title if applicable (NOTE-	Registered Agent signature		3	-5-96 DATE	
SNATURE 2	Signature, typed or printed name of reg OFFIC	pstered agent and title if applicable (NOTE- CERS AND DIRECTORS				DATE	ORS IN 12
SNATURE .	Signature, typed or printed name of reg OFFIC	pstered agent and title if applicable (NOTE-	Registered Agent signature	required when reinstating)		DATE	
SNATURE	Signature, typed printed name of reg OFFIC THOMPSON, KIM	pystered agent and title if applicable (NOTE- CERS AND DIRECTORS	Registered Agent signature	required when reinstating)		DATE S AND DIRECTO	
SNATURE 2	Synature, typed printed name of reg OFFIC THOMPSON, KIM 19306 BOB-O-LINK DI	pystered agent and title if applicable (NOTE- CERS AND DIRECTORS	Registered Agent signature 13. 1.1 TITLE	required when reinstating)		DATE S AND DIRECTO	
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SIGNATURE: V.

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3-5-96 829-8004 Dela Deytime Phone