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# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
~~DIVISION OF CORPORATIONS~~

**DOCUMENT # 744013 (4)**

1. Corporation Name

COUNTRY CLUB OF MIAMI FAIRWAY TOWNHOUSES ASSOCIATION NO. 1, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 18940 BOB-O-LINK DR.<br>HIALEAH FL 33015 | 18940 BOB-O-LINK DR.<br>HIALEAH FL 33015-2430 |

3. Date Incorporated or Qualified: 08/22/1978
3a. Date of Last Report: 03/13/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2116396 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**

STEEL, JASON
18964 BOB-O-LINK DRIVE
HIALEAH FL 33015

**10. Name and Address of New Registered Agent**

81 Name: JOE FRANZ
82 Street Address (P.O. Box Number is Not Acceptable): 19218 Bob-O-LINK Drive
83: Hialeah
84 City: FL 85 Zip Code: 33015

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE X _____ _____ 2/25/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | DV | ☒ Change ☐ Addition |
| NAME | THOMPSON, KIM | | 1.2 NAME | George Barreiro | |
| STREET ADDRESS | 19306 BOB-O-LINK DR. | | 1.3 STREET ADDRESS | 19412 Bob-o-LINK Dr. | |
| CITY-ST-ZIP | HIALEAH FL 33015 | | 1.4 CITY-ST-ZIP | Hialeah, FL 33015 | |
| TITLE | DVP | ☒ DELETE | 2.1 TITLE | DS | ☒ Change ☐ Addition |
| NAME | STEEL, JASON | | 2.2 NAME | Kelly Benson | |
| STREET ADDRESS | 18964 BOB-O-LINK DRIVE | | 2.3 STREET ADDRESS | 19060 Bob-o-LINK Dr. | |
| CITY-ST-ZIP | HIALEAH FL | | 2.4 CITY-ST-ZIP | Hialeah, FL 33015 | |
| TITLE | D | ☒ DELETE | 3.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | SICARD, NANCY | | 3.2 NAME | Celia B Pacheco | |
| STREET ADDRESS | 19006 BOB O LINK DR. | | 3.3 STREET ADDRESS | 19054 Bob-o-LINK Dr | |
| CITY-ST-ZIP | HIALEAH FL | | 3.4 CITY-ST-ZIP | Hialeah, FL 33015 | |
| TITLE | DT | ☐ DELETE | 4.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | FORRESTER, ELIZABETH | | 4.2 NAME | Patricia Tanzella | |
| STREET ADDRESS | 18940 BOB-O-LINK DR. | | 4.3 STREET ADDRESS | 19262 Bob-o-LINK Dr. | |
| CITY-ST-ZIP | HIALEAH FL | | 4.4 CITY-ST-ZIP | Hialeah, FL 33015 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | HEVIA, ED | | 5.2 NAME | Elsie Reuwer | |
| STREET ADDRESS | 19230 BOB O LINK DR | | 5.3 STREET ADDRESS | 19106 Bob-o-LINK Dr. | |
| CITY-ST-ZIP | HIALEAH FL 33015 | | 5.4 CITY-ST-ZIP | Hialeah, FL 33015 | |
| TITLE | D | ☒ DELETE | 6.1 TITLE | DP | ☒ Change ☐ Addition |
| NAME | MCPHERSON, GREGG | | 6.2 NAME | Joe Franz | |
| STREET ADDRESS | 19112 BOB-O-LINK DRIVE | | 6.3 STREET ADDRESS | 19218 Bob-o-LINK Dr. | |
| CITY-ST-ZIP | HIALEAH FL | | 6.4 CITY-ST-ZIP | Hialeah, FL 33015 | |

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Elizabeth Forrester Elizabeth Forrester 2-12-97 (305)829-7242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0023240