


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 18940 BOB-O-LINK DR. HIALEAH FL 33015	Mailing Address 18940 BOB-O-LINK DR. HIALEAH FL 33015
---	---

3. Date Incorporated or Qualified
06/22/1978

4. FEI Number
59-2116396

Applied For
Not Applicable

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

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

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

7. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**FRANZ, JOE
19218 BOB-O-LINK DRIVE
HIALEAH FL 33015**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85** Zip Code

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 *Joe Franz* **3/4/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARREIRO, GEORGE	
STREET ADDRESS	19412 BOB-O-LINK DRIVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BENSON, KELLY	
STREET ADDRESS	19060 BOB-O-LINK DRIVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PACHECO, CELIA	
STREET ADDRESS	19054 BOB-O-LINK DRIVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TANZELLA, PATRICIA	
STREET ADDRESS	19262 BOB-O-LINK DRIVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REUWER, ELSIE	
STREET ADDRESS	19106 BOB-O-LINK DRIVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRANZ, JOE	
STREET ADDRESS	19218 BOB-O-LINK DRIVE	
CITY-ST-ZIP	HIALEAH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SB Thompson, Kim
2.3 STREET ADDRESS	19306 Bob-o-Link Drive
2.4 CITY-ST-ZIP	Hialeah, FL 33015
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD Forrester, Elizabeth
3.3 STREET ADDRESS	18940 Bob-o-Link Dr
3.4 CITY-ST-ZIP	Hialeah, FL 33015
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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* **3/4/98** **829-7242**

CR2E037 (1097)