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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744013

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



2. Principal Place of Business

21 19218 Bob O Link Drive

2a. Mailing Address

26 19054 Bob O Link Dr

3. Date Incorporated or Qualified

08/22/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2116396

Applied For

Not Applicable

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip Country

24 33015 25

Zip Country

29 33015 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

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

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 checked="" 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	THOMPSON, KIM	
STREET ADDRESS	19306 BOB-O-LINK DR	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PACHECO, CELIA	
STREET ADDRESS	19054 BOB-O-LINK DRIVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FORRESTER, ELIZABETH	
STREET ADDRESS	18940 BOB-O-LINK DR	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRANZ, JOE	
STREET ADDRESS	19218 BPB-O-LINK DRIVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT (VD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANN GRAH	
1.3 STREET ADDRESS	19156 Bob O Link Drive	
1.4 CITY-ST-ZIP	MIAMI, FL. 33015	
2.1 TITLE	SECRETARY (SD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KELLY BENSON	
2.3 STREET ADDRESS	19060 Bob O Link Drive	
2.4 CITY-ST-ZIP	MIAMI, FL. 33015	
3.1 TITLE	TREASURER (TD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	(D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HARRY CROSSON	
4.3 STREET ADDRESS	19328 Bob O Link Drive	
4.4 CITY-ST-ZIP	MIAMI, FL. 33015	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	19218 Bob O Link Drive	
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, with all other like empowered.

SIGNATURE:

CELIA J PACHECO (CELIA J Pacheco) 2/19/99 (305) 829-8592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)