## **2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 744013** 1. Entity Name COUNTRY CLUB OF MIAMI FAIRWAY TOWNHOUSES ASSOCIA Principal Place of Business Mailing Address 18940 BOB-O-LINK DR 18940 BOB-O-LINK DR MIAMI FL 33015 MIAMIT FL 33015 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 59-2116396 Hizlezh Country Zip Country 5. Certificate of Status Desired Miani Dade 33015 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90030 018 \*\*\*\*61.25



Applied For

\$8.75 Additional

Fee Required

Not Applicable

DO NOT WRITE IN THIS SPACE

			Name	Name				
VARGAS, ROBERTO			Street Address (P.O. Box Number is Not Acceptable)					
19012 BOB-O-LINK DRIVE								
HIALEAH FL 33015			City FL Zip Code					
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.								
SIGNATURE Signature, typed or printed name of registered gent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE								
Signature, types or printed name or registered again and time it applicable. (TOTAL registered Again eightful eightful endured miles required miles remissioning)								
FILE NOW: 9. Election Campaign F Trust Fund Contributi		~ —	\$5.00 May Be Added to Fees Make Check Payable to Department of State					
10.	OFFICERS AND DIRE	ECTORS	11.		ANGES TO OFFICERS AND DI	RECTORS IN	10	
TITLE	VD	☑ Delete	TITLE	BO at Va	raes.	Change	☐ Addition	
NAME	GRAY, ANN		NAME STREET ADDRESS	19012 BOX	b-o-Link An,		1	
STREET ADDRESS CITY-ST-ZIP	19156 BOB O LIND DRIVE		CITY-ST-ZIP		-L 33015			
TITLE	MIAMI FL 33015 SD	Delete	TITLE	VOP .		Change	Addition	
NAME	BENSON, KELLY	LET Detete	NAME	Eduardo !	Heria		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS	19060 BOB O LINK DRIVE		STREET ADDRESS	19230 Bob	-O-LINK QH.			
CITY-ST-ZIP	MIAMI FL 33015	/	CITY-ST-ZIP	Hizlezh	LL 33015	·		
TITLE	TD	☑ Delete	TITLE	50 17	ehman 6-o-Link Rn. FL 33015	Change Change	☐ Addition	
NAME	PACHECO, CELIA		NAME	SONIZ HILL	I - Luis Dr	·		
STREET ADDRESS	19054 BOB-O-LINK DRIVE		STREET ADDRESS	18964 130	6-0-KINK KIL			
CITY-ST-ZIP	HIALEAH FL		CITY-ST-ZIP	HIZlezh,	FF 33015			
TITLE	D COCCON HAPPY	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	CROSSON, HARRY 19328 BOB O LINK DRIVE		NAME STREET ADDRESS					
CITY-ST-ZiP	MIAMI FL 33015	<i>p</i>	CITY-ST-ZIP		ι			
TITLE	PD PD	Delete	TITLE	TØ.	2 1	Change	Addition	
NAME	FRANZ, JOE	□ belote	NAME	Elizabeth	Fornester -O-LINH RA.			
STREET ADDRESS	19218 BOB O LINK DRIVE		STREET ADDRESS	18940 Bol	-O-LINK NA.	:		
CITY-ST-ZIP	HIALEAH FL		CITY-ST-ZIP	Hizlezh	FL 33015 _	<u> </u>		
TITLE		☐ Delete	TITLE	D -1	1990 N -0-LNK Dr	Change	Addition	
NAME			NAME	KIM Thom	1 1 10 10n			
STREET ADDRESS			STREET ADDRESS	19306 306				
CITY-ST-ZIP			CITY-ST-ZIP	Hralesh,	FL 33015			
12. 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 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.

121601747 CF3 E. FES. DESTREAM PLAN about 4 mostar 3-19-01
IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date