

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90070 033 ****61.25

DOCUMENT # 744013

1. Entity Name

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

Principal Place of Business

Mailing Address

**18940 BOB-O-LINK DR
HIALEAH FL 33015**

**18940 BOB-O-LINK DR
HIALEAH FL 33015**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2116396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VARGAS, ROBERTO
19012 BOB-O-LINK DRIVE
HIALEAH FL 33015**

Name

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

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD VARGAS, ROBERTO**
STREET ADDRESS **19012 BOB-O-LINK DR**
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE ☐ Change ☒ Addition
NAME **TA JENNY PINTO**
STREET ADDRESS **19218 Bob-o-link Dr**
CITY-ST-ZIP **Hialeah, FL 33015**

TITLE ☒ Delete
NAME **VPD HERIA, EDUARDO**
STREET ADDRESS **19230 BOB-O-LINK DR**
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE ☒ Change ☐ Addition
NAME **VPD PELAEZ, Mary**
STREET ADDRESS **18958 Bob-o-link Drive**
CITY-ST-ZIP **Hialeah, FL 33015**

TITLE ☒ Delete
NAME **SD HITCHMAN, SONIA**
STREET ADDRESS **18964 BOB-O-LINK DR**
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE ☒ Change ☐ Addition
NAME **SD Shepard, Jackie**
STREET ADDRESS **19212 W. Lake Drive**
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE ☒ Delete
NAME **D CROSSON, HARRY**
STREET ADDRESS **19328 BOB O LINK DRIVE**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☒ Change ☐ Addition
NAME **D Manning, Janie**
STREET ADDRESS **19142 Bob-o-link Drive**
CITY-ST-ZIP **Hialeah, FL 33015**

TITLE ☒ Delete
NAME **TD FORRESTER, ELIZABETH**
STREET ADDRESS **18940 BOB-O-LINK DR**
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE ☒ Change ☐ Addition
NAME **D Lavite Jeanette**
STREET ADDRESS **19048 Bob-o-link Drive**
CITY-ST-ZIP **Hialeah, FL 33015**

TITLE ☒ Delete
NAME **D THOMPSON, KIM**
STREET ADDRESS **19306 BOB-O-LINK DR**
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE ☒ Change ☐ Addition
NAME **D Reuwer, Elsie**
STREET ADDRESS **19728 Bob-o-link Drive**
CITY-ST-ZIP **Hialeah, 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, unless otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02 (305) 829-3500

Date

Daytime Phone #

CR2E037 (9/01)