


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90015 010 ****70.00

DOCUMENT # 744013 1. Entity Name COUNTRY CLUB OF MIAMI FAIRWAY TOWNHOUSES ASSOCIATION NO. 1, INC.					
Principal Place of Business 19218 BOB-O-LINK DR. HIALEAH, FL 33015			Mailing Address P.O. BOX 171264 MIAMI, FL 33017		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2116396	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VARGAS, ROBERTO 19012 BOB-O-LINK DRIVE HIALEAH, FL 33015			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VARGAS, ROBERTO 19012 BOB-O-LINK DR HIALEAH, FL 33015	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Harry Crosson 19328 Bob-O-Link Drive Hialeah, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PINTO, JENNY 19218 BOB-O-LINK DR HIALEAH, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mary Pelaez 18958 Bob-O-Link Drive Hialeah, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PELAEZ, MARY 18958 BOB-O-LINK DR HIALEAH, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rene VPD Rene Perez 19006 Bob-O-Link Drive Hialeah, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHEPARD, JACKIE 19212 W LAKE DRIVE MIAMI, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSSON, HARRY 19328 BOB-O-LINK DRIVE HIALEAH, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REVWER, ELSIE 19728 BOB-O-LINK DR HIALEAH, FL 33015	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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.					
SIGNATURE: _____ <i>Rene Perez</i> 7/9/05 (305) 829-2870 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					