# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 04, 2009**
**Secretary of State**

DOCUMENT# 744013

**Entity Name:** COUNTRY CLUB OF MIAMI FAIRWAY TOWNHOUSES ASSOCIATION NO. 1, INC.

**Current Principal Place of Business:**

19218 BOB-O-LINK DR.
HIALEAH, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 171264
MIAMI, FL 33017

**New Mailing Address:**

**FEI Number: 59-2116396** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

PINTO, JENNY
19218 BOB-O-LINK DRIVE
HIALEAH, FL 33015 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: PEREZ, RENE
Address: 19006 BOB-O-LINK DRIVE
City-St-Zip: HIALEAH, FL 33015

Title: TD ( ) Delete
Name: PINTO, JENNY
Address: 19218 BOB-O-LINK DR
City-St-Zip: HIALEAH, FL 33015

Title: SD ( ) Delete
Name: SHEPARD, JACKIE
Address: 19212 W LAKE DRIVE
City-St-Zip: MIAMI, FL 33015

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: NEVINS, CHERYL
Address: 19000 BOB-O-LINK DRIVE
City-St-Zip: HIALEAH, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNY PINTO TD 05/04/2009

Electronic Signature of Signing Officer or Director — Date