2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

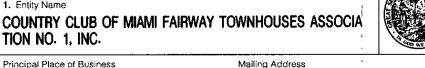
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FILED Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90127 041 ****70.00

COUNTRY CLUB OF MIAMI FAIRWAY TOWNHOUSES ASSOCIATION NO. 1, INC.	



18940 BOB-O-LINK DR 18940 BOB-O-LINK DR HIALEAH FL 33015 HIALEAH FL 33015 2. Principal Place of Business 19218 Bob-O-Link In Šuite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-2116396 Applied For City & State ty.& State 1 a m Not Applicable Hialea Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VARGAS, ROBERTO Street Address (P.O. Box Number is Not Acceptable) 19012 BOB-O-LINK DRIVE HIALEAH FL 33015 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD ☐ Change Addition TITLE ☐ Delete TITLE crosson, Harry VARGAS, ROBERTO NAME 328 BOB-O-Link Drive NAME 19012 BOB-O-LINK DR STREET ADDRESS STREET ADDRESS . CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33015 Change ☐ Delete TITLE ez, Kene PINTO, JENNY NAME NAME BOB-O-Link Drive STREET ADDRESS 19218 BOB-O-LINK DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33015 33013 VPD TITLE ☐ Delete TITLE ■ Addition PELAEZ. MARY NAME NAME STREET ADDRESS STREET ADDRESS 18958 BOB-O-LINK DR CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33015 SD ☐ Change ☐ Addition TITLE ☐ Delete TITLE SHEPARD, JACKIÉ NAME NAME 19212 W LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 Delete Change ☐ Addition TITLE TITLE MANNING, JANIE NAME NAME STREET ADDRESS STREET ADDRESS 19142 BOB-O-LINK CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33015 Delete TITLE ☐ Change ☐ Addition TITLE REVWER, ELSIE NAME NAME STREET ADDRESS 19728 BOB-O-LINK DR STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 enjoywered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like changed, or on an attachment with an addres

CITY-ST-ZIP

SIGNATURE:

HIALEAH FL 33015

CITY-ST-ZIP

3-14-03 (305) 829-2870