

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 16 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 746366 (4)
1. Corporation Name

COUNTRY CLUB VILLAS TOWNHOMES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 20442 NW 15TH AVE MIAMI FL 33169	Mailing Address 20442 NW 15TH AVE MIAMI FL 33169-2301
--	---

3. Date Incorporated or Qualified 03/21/1979	3a. Date of Last Report 05/01/1996
--	--

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1989254	Applied For <input type="checkbox"/>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ARLEEN DIAZ 20448 N.W. 15TH AVE MIAMI, FLORIDA MIAMI FL 33169				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Arleen Diaz* **ARLEEN DIAZ** **4-10-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	<input type="checkbox"/> DELETE		1.1 TITLE	V/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHELIA FIOCCO			1.2 NAME	ADRIS WHITE		
STREET ADDRESS	20442 N.W. 15TH AVE			1.3 STREET ADDRESS	20609 N.W. 15th AVE		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33169		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERNIE BOSSTICK			2.2 NAME	BERNIE ROIG		
STREET ADDRESS	20444 N.W. 15TH AVE			2.3 STREET ADDRESS	20444 N.W. 15th AVE		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33169		
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ARLEEN DIAZ			3.2 NAME	PENNY CLARKE		
STREET ADDRESS	20448 N.W. 15TH AVE			3.3 STREET ADDRESS	20507 N.W. 15th AVE		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33169		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TONY OKONMAH			4.2 NAME	JESSE LEGGETT		
STREET ADDRESS	20813 N.W. 15TH AVE			4.3 STREET ADDRESS	20605 N.W. 15th AVE		
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33169		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEGGETT, FRED			5.2 NAME	DAWN G. JONES		
STREET ADDRESS	20506 N.W. 15TH AVE.			5.3 STREET ADDRESS	20607 N.W. 15th AVE		
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP	MIAMI, FLORIDA 33169		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Arleen Diaz* **ARLEEN DIAZ** **4-10-97**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032376

CP2E037 (9/96)