

FILE NOW: FILING FEE IS \$61.25

FILED
May 21 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
20442 NW 15TH AVE 20442 NW 15TH AVE
MIAMI FL 33169 MIAMI FL 33169

3. Date Incorporated or Qualified
03/21/1979
4. FEI Number Applied For
59-1989254 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

8. Name and Address of Current Registered Agent
ARLEEN DIAZ
20448 N.W. 15TH AVE
MIAMI, FLORIDA
MIAMI FL 33169

10. Name and Address of New Registered Agent
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* DATE 5-13-98
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	D.
NAME	SHELIA FIOCCO	1.2 NAME	RITA KINLOCK
STREET ADDRESS	20442 N.W. 15TH AVE	1.3 STREET ADDRESS	20615 N.W. 15th AVE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, florida 33169
TITLE	D	2.1 TITLE	S
NAME	BERNIE BOSSTICK	2.2 NAME	BERNIE BOSSTICK
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	3.1 TITLE	
NAME	ARLEEN DIAZ	3.2 NAME	
STREET ADDRESS	20448 N.W. 15TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	VP
NAME	TONY OKONMAH	4.2 NAME	JESSIE LEGGETT
STREET ADDRESS	20613 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	5.1 TITLE	D
NAME	WHITE, ADRIS	5.2 NAME	Adris White
STREET ADDRESS	20609 NW 15TH AVE	5.3 STREET ADDRESS	20609 N.W. 15th AVE
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, Florida 33169
TITLE	D	6.1 TITLE	
NAME	CLARKE, PENNY	6.2 NAME	
STREET ADDRESS	20507 NW 15TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

1.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RITA KINLOCK	
1.3 STREET ADDRESS	20615 N.W. 15th AVE	
1.4 CITY-ST-ZIP	Miami, florida 33169	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BERNIE BOSSTICK	
2.3 STREET ADDRESS	20444 N.W. 15th AVE	
2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33169	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JESSIE LEGGETT	
4.3 STREET ADDRESS	20605 N.W. 15th AVE	
4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33169	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Adris White	
5.3 STREET ADDRESS	20609 N.W. 15th AVE	
5.4 CITY-ST-ZIP	Miami, Florida 33169	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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*

5-13-98

CR2E037 (10/97)