

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90336 037 ****61.25

DOCUMENT # 746366

1. Entity Name

COUNTRY CLUB VILLAS TOWNHOMES CONDOMINIUM ASSOCI

Principal Place of Business

Mailing Address

20442 NW 15TH AVE 20448 W 15 AVE
 MIAMI FL 33169

20442 NW 15TH AVE 20448 W 15 AVE
 MIAMI FL 33169-2301

2. Principal Place of Business

3. Mailing Address

20448 W 15 AVE

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Fla

City & State

Same

4. FEI Number

59-1989254

Applied For

Not Applicable

Zip

33169

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARLEEN DIAZ
 20448 N.W. 15TH AVE
 MIAMI, FLORIDA
 MIAMI FL 33169

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SHELIA FIOCCO	
STREET ADDRESS	20442 N.W. 15TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BOSSTICK, BERNIE	
STREET ADDRESS	20444 N.W. 15TH AVE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	P	<input type="checkbox"/> Delete
NAME	ARLEEN DIAZ	
STREET ADDRESS	20448 N.W. 15TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TONY OKONMAH	
STREET ADDRESS	20613 N.W. 15TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEGGETT, JESSE	
STREET ADDRESS	20605 NW 15TH AVE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARKE, PENNY	
STREET ADDRESS	20507 NW 15TH AVE	
CITY-ST-ZIP	MIAMI FL	

TITLE	I	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adris White	
STREET ADDRESS	20609 W 15 Ave	
CITY-ST-ZIP	Miami Fla 33169	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helen Dixon	
STREET ADDRESS	20502 W 15th Ave	
CITY-ST-ZIP	Miami Fla 33169	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miram Arthur	
STREET ADDRESS	20428 W 15th Ave	
CITY-ST-ZIP	Miami Fla 33169	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rita Kinloch	
STREET ADDRESS	20615 W 15th Ave	
CITY-ST-ZIP	Miami Fla 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Shelia Fiocco _____ DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)