

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90005 043 ****70.00

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DOCUMENT # 746366
 1. Entity Name
COUNTRY CLUB VILLAS TOWNHOMES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 20615 NW 15 AVE
 MIAMI, FL 33169

Mailing Address
 20615 NW 15 AVE
 MIAMI, FL 33169

2. Principal Place of Business
20450 N.W. 15th AVE

3. Mailing Address
20450 N.W. 15th AVE

Suite, Apt. #, etc.

City & State
MIAMI, FLA

City & State
MIAMI, FLA.

Zip
33169

Country
USA

03182003 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1989254

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KINLOCK, RITA M
20615 NW 15 AVE.
MIAMI, FL 33169

7. Name and Address of New Registered Agent

Name
MISSICK, DEWEY

Street Address (P.O. Box Number is Not Acceptable)
20450 N.W. 15th AVE.

City
MIAMI

FL Zip Code
33169

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 *Deweey Missick PD* DATE 5/24/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	KINLOCK, RITA 20165NW 15 AVE. MIAMI, FL 33169 <input checked="" type="checkbox"/> Delete	TITLE PD	MISSICK, DEWEY 20450 N.W. 15th AVE MIAMI, FLA. 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DV	HOLLINGER, NORIS 20515 NW 15 AVE MIAMI, FL 33169 <input checked="" type="checkbox"/> Delete	TITLE DV	OKONMAH, TONY 20613 N.W. 15th AVE MIA., FLA 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	PIERRE, CAROLYN 20517 NW 15 AVE MIAMI, FL 33169 <input checked="" type="checkbox"/> Delete	TITLE SD	NICHOLS, BRENDA 20611 N.W. 15th AVE. MIA., FLA. 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	WHITE, ARIS 20609 NW 15 AVE. MIAMI, FL 33169 <input type="checkbox"/> Delete	TITLE D	POTTINGER, INGRID 20452 N.W. 15th AVE MIA., FLA. 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	MISSICK, DEWEY 20450 NW 15 AVE. MIAMI, FL 33169 <input checked="" type="checkbox"/> Delete	TITLE D	HARDING, PENNY 20507 N.W. 15th AVE MIA., FLA. 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	OKONMAH, TONY 20613 NW 15 AVE. MIAMI, FL 33169 <input checked="" type="checkbox"/> Delete	TITLE D	BOIS, BERNADETTE 20444 N.W. 15th AVE MIA., FLA. 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Deweey Missick PD* DATE 5/24/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

rod opa
54056058

TITLE - D
NAME - WRIGHT, EUGENE
STREET ADDRESS - 20426 N. 15th AVE
CITY - St - ZIP - Miami, FLA. 33169

* Addition

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