


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 13, 2006 08:00 AM**  
**Secretary of State**


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



Principal Place of Business  
 20450 N.W. 15TH AVE  
 MIAMI, FL 33169

Mailing Address  
 20450 N.W. 15TH AVE  
 MIAMI, FL 33169

**DO NOT WRITE IN THIS SPACE**



06052006 No Chg-NP CR2E037 (4/06)

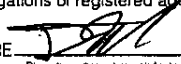
4. FEI Number 59-1989254	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MISSICK, DEWEY  
 20450 N.W. 15TH AVE  
 MIAMI, FL 33169

**DO NOT WRITE IN THIS SPACE**

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:  (NOTE: Registered Agent signature required when reinstating)

6/6/06  
 DATE

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

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

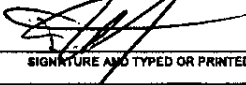
10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MISSICK, DEWEY
STREET ADDRESS	20450 N.W. 15TH AVE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	VD
NAME	OKONMAH, TONY
STREET ADDRESS	20613 N.W. 15TH AVE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	SD
NAME	NICHOLS, BRENDA
STREET ADDRESS	20611 N.W. 15TH AVE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	TD
NAME	WHITE, ARIS
STREET ADDRESS	20609 NW 15 AVE.
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	EUGENE, WRIGHT
STREET ADDRESS	20426 NW 15TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	SD
NAME	DEGRAFF, MARY
STREET ADDRESS	20605 NW 15TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33169

U00000567165  
 06/13/06-80006-015 70.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  (NOTE: Signature and typed or printed name of signing officer or director)

6/6/06  
 DATE

305 765 6788  
 3058  
 Daytime Phone #