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Mar 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M27455 (8)
1. Corporation Name
COUNTRY CLUB MANAGEMENT REALTY INC.



Principal Place of Business
18524 NW 67TH AVE
STE 229
MIAMI FL 33015
US

Mailing Address
18524 NW 67TH AVE. #229
MIAMI FL 33015-3302

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/14/1986		3a. Date of Last Report 02/08/1996	
21. State, Apt. #, etc.	22. City & State	26. State, Apt. #, etc.	27. City & State	4. FEI Number 65-0290028		Applied For Not Applicable	
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
24. 25.		29. 30.		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

FORMON, CHRISTOPHER
18524 N.W. 67TH AVE.
#229
MIAMI FL 33015

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. #229
84. City
85. Zip Code

Formon, Christopher
18520 N.W. 67 AVE
#229
MIAMI FL 33015

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 doing so with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Christopher Formon* DATE: March 18, 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE PST	☐ DELETE	1.1 TITLE PST	☐ Change ☐ Addition
2. NAME FORMON, CHRISTOPHER		1.2 NAME Formon Christopher	
3. STREET ADDRESS 18524 NW 657TH AVE. #229		1.3 STREET ADDRESS 18520 N.W. 67 AVE #229	
4. CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP Miami, Florida 33015	
5. TITLE ☐ DELETE	☐ Change ☐ Addition	2.1 TITLE ☐ Change ☐ Addition	
6. NAME ☐ DELETE		2.2 NAME ☐ Change ☐ Addition	
7. STREET ADDRESS ☐ DELETE		2.3 STREET ADDRESS ☐ Change ☐ Addition	
8. CITY-ST-ZIP ☐ DELETE		2.4 CITY-ST-ZIP ☐ Change ☐ Addition	
9. TITLE ☐ DELETE		3.1 TITLE ☐ Change ☐ Addition	
10. NAME ☐ DELETE		3.2 NAME ☐ Change ☐ Addition	
11. STREET ADDRESS ☐ DELETE		3.3 STREET ADDRESS ☐ Change ☐ Addition	
12. CITY-ST-ZIP ☐ DELETE		3.4 CITY-ST-ZIP ☐ Change ☐ Addition	
13. TITLE ☐ DELETE		4.1 TITLE ☐ Change ☐ Addition	
14. NAME ☐ DELETE		4.2 NAME ☐ Change ☐ Addition	
15. STREET ADDRESS ☐ DELETE		4.3 STREET ADDRESS ☐ Change ☐ Addition	
16. CITY-ST-ZIP ☐ DELETE		4.4 CITY-ST-ZIP ☐ Change ☐ Addition	
17. TITLE ☐ DELETE		5.1 TITLE ☐ Change ☐ Addition	
18. NAME ☐ DELETE		5.2 NAME ☐ Change ☐ Addition	
19. STREET ADDRESS ☐ DELETE		5.3 STREET ADDRESS ☐ Change ☐ Addition	
20. CITY-ST-ZIP ☐ DELETE		5.4 CITY-ST-ZIP ☐ Change ☐ Addition	
21. TITLE ☐ DELETE		6.1 TITLE ☐ Change ☐ Addition	
22. NAME ☐ DELETE		6.2 NAME ☐ Change ☐ Addition	
23. STREET ADDRESS ☐ DELETE		6.3 STREET ADDRESS ☐ Change ☐ Addition	
24. CITY-ST-ZIP ☐ DELETE		6.4 CITY-ST-ZIP ☐ Change ☐ Addition	

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 607, Florida Statutes; and that my name appears in block 12 or block 13 of this report, or on an attachment with an address.

SIGNATURE:

Christopher Formon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 18, 1997
Date

Original Filing #

0122254

CR2E034 (9/96)