

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90187 009 ****61.25

DOCUMENT # N94000000236

1. Entity Name
**COUNTRY CLUB ESTATES AT AVENTURA
MAINTENANCE ASSOCIATION, INC.**



Principal Place of Business
**19902 COUNTRY VCLUB DRIVE
AVENTURA, FL 33180**

Mailing Address
**19902 COUNTRY VCLUB DRIVE
AVENTURA, FL 33180**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272005

Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0470551

Applied For ☒

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROGEL, DAVID H ESQ
BECKER & POLIAKOFF P.A.
5201 BLUE LAGOON DRIVE, STE 100
MIAMI, FL 33126**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 ☐ Delete
NAME LAZARUS, PAUL
STREET ADDRESS 19962 NE 37TH COURT
CITY-ST-ZIP AVENTURA, FL 33180

TITLE VD ☐ Delete
NAME ROSS, MICHAEL
STREET ADDRESS 3660 NE 201ST STREET
CITY-ST-ZIP AVENTURA, FL 33180

TITLE SD ☐ Delete
NAME DROSSNER, BARRY
STREET ADDRESS 3722 NE 200ST STREET
CITY-ST-ZIP AVENTURA, FL 33180

TITLE AD ☐ Delete
NAME COHEN, ANTHONY
STREET ADDRESS 19976 NE 36TH PLACE
CITY-ST-ZIP AVENTURA, FL 33180

TITLE D ☐ Delete
NAME BLOCK, BARRY
STREET ADDRESS 19916 NE 36 PLACE
CITY-ST-ZIP MIAMI, FL 33180

TITLE D ☐ Delete
NAME STERN, FRANKLIN
STREET ADDRESS 3702 NE 200 STREET
CITY-ST-ZIP MIAMI, FL 33180

TITLE ☐ Change ☒ Addition

NAME *TD Gary Clouden*
STREET ADDRESS *19913 NE 37th Ave, Aventura, FL 33180*
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition
NAME *ANTHONY COHEN*
STREET ADDRESS *19976 NE 36th PL.*
CITY-ST-ZIP *AVENTURA FLA 33180*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-05