## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N96000002996**

1. Entity Name
THE COUNTRY CLUB OF MIAMI CIVIC ASSOCIATION, INC.

a herry party or some

FILED Apr 21, 2004 08:00 AM Secretary of State

Principal Place of Business

POST OFFICE BOX 171906 HIALEAH, FL 33017 Mailing Address

POST OFFICE BOX 171906 HIALEAH, FL 33017



DO NOT WRITE IN THIS SPACE

01292004 No Chg-NP CR2E037 (10/03)

4.	FEI Number
	65-0675049
_	00 00,00,10

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAGAN, BARBARA S 7336 BAY HILL DRIVE HIALEAH, FL 33015

## DO NOT WRITE IN THIS SPACE

				in this of hom				
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 tills if applicable. (NOTE Registered Agent signature required when rehetading) DATE								
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Financing Trust Fund Contribution.	, 0	\$5.00 May Be Added to Fees	00000012233 04/21/04-80027			
10.	OFFICERS AND DIRE	CTORS			A PART OF THE PROPERTY OF THE	i dan kata		
TITLE NAME STREET ADDRESS GIFY-ST-ZIP	PD HAGAN, BARBARA S 7336 BAY HILL DR HIALEAH, FL 33015				ore on the model in the significant			
TITLE HAME STREET ADDRESS CITY-ST-ZIP	VD SALZMAN, DAVID 19401 W. ST. ANDREWS DRIVE HIALEAH, FL 33015			٠.	en en Handelskop i en gen			
TITLE HAME STREET ADDRESS CRY-ST-ZEP	S SHARPE, JUDITH 19300 E. LAKE DRIVE HIALEAH, FL 33015			. ;	NOT WRITE			
TITLE NAME STREET ACCRESS CITY-ST-ZIP	VO GERON, DIXON 19411 W OAKMONT DRIVE HIALEAH, FL 33015			IN IN	THIS SPACE			
HILE HAME STREET ADDRESS CHY-ST-ZIP	T MAPSTONE, EVELYN 7335 PEPPER PYKE DR HIALEAH, FL 33015				sweet in the financial section of the section of th			
TITLE HAME STREET ADDRESS CITY-ST-ZIP				i gara	el ne von utve Villinete.	e for a man in the secondary		
indicated of the co	certify that the information supplied with this ton this report or supplemental report is true reportation or the receiver or trustee empowers, or on an attachment wiff an address, with a	and accurate and that my signature ed to execute this report as required						