

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000002996

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



Principal Place of Business
**POST OFFICE BOX 171906
HIALEAH, FL 33017**

Mailing Address
**POST OFFICE BOX 171906
HIALEAH, FL 33017**



03022005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0675049	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

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

**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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAGAN, BARBARA S 7336 BAY HILL DR HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALZMAN, DAVID 19401 W. ST. ANDREWS DRIVE HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHARPE, JUDITH 19300 E. LAKE DRIVE HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GERON, DIXON 19411 W OAKMONK DRIVE HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAPSTONE, EVELYN 7335 PEPPER PYKE DR HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000300111
04/12/05-80007-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Barbara S. Hagan
Barbara S. HAGAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/05 305/829-5811
Date Daytime Phone #