

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1999



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

DOCUMENT #

POB 0000 62739

1. Corporation Name

COUNTRY CLUB VILLAS, INC.

Principal Place of Business

5709 N.W. 158 ST.
MIAMI LAKES, FL
33014

Mailing Address

5709 N.W. 158 ST.
MIAMI LAKES, FL
33014

FILED

99 JAN - 7 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
JULY 15, 1998

4. FEI Number
65-0855631

Applied For
Not Applicable

5. Certificate of Status Desired

\$3.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30

Yes No

2. Principal Place of Business

21 5709 N.W. 158 ST.
Suite Apt. # etc

2a. Mailing Address

25 5709 N.W. 158 ST.
Suite Apt. #, etc

City & State

23 MIAMI LAKES, FL
Zip Country

24 33014

25 USA

City & State

28 MIAMI LAKES, FL
Zip Country

29 33014

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

LEWIS V. SWEZY

82 Street Address (P.O. Box Number is Not Acceptable)

5709 N.W. 158 ST

83

84 City

MIAMI LAKES

FL

85 Zip Code

33014

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

1-6-99

Signature of individual or officer must be typed above and legible in blockcode

NOTE: Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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P/D

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

1-5-99 (305) 821-0330

DATE

DATE TO FILE

CR2E034 (10/97)