

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726825

**Entity Name:** COUNTRY CLUB OF MIAMI FAIRWAY VILLAS S3/B1 ASSOCIATION, INC.

**FILED  
Apr 22, 2015  
Secretary of State  
CC1427194667**

**Current Principal Place of Business:**

21113 JOHNSON STREET  
117  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

21113 JOHNSON STREET  
117  
PEMBROKE PINES, FL 33029 US

**FEI Number: 59-1670562**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

THOMAS J. TIGHE, P.A.  
800 EAST BROWARD BOULEVARD  
710  
FORT LAUDERDALE, FL 33301 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           RICHERT, DAVID  
Address        18800 WEST LAKE DRIVE  
City-State-Zip: HIALEAH FL 33015

Title           VP  
Name           JONES, PETER  
Address        18908 WEST LAKE DRIVE  
City-State-Zip: HIALEAH FL 33015

Title           TD  
Name           MORAN, ACELA  
Address        18824 WEST LAKE DRIVE  
City-State-Zip: HIALEAH FL 33015

Title           SD  
Name           ACCURSO, GAIL  
Address        18816 WEST LAKE DRIVE  
City-State-Zip: HIALEAH FL 33015

Title           DIRECTOR  
Name           PETERSON, DIANNE  
Address        19121 EAST LAKE DRIVE  
City-State-Zip: MIAMI FL 33015

Title           DIRECTOR  
Name           GALINDO, JOAQUIN  
Address        18924 WEST LAKE DRIVE  
City-State-Zip: MIAMI FL 33015

Title           DIRECTOR  
Name           GERACE, JOE  
Address        19213 EAST LAKE DRIVE  
City-State-Zip: MIAMI FL 33015

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DAVID RICHERT**

**PRESIDENT**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date