FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -2 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743070 (5)

1. Corporation Name

THE DORIA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3300 SW 46 AVE DAVIE FL 33314-2215	3300 SW 46 AVE DAVIE FL 33314-2215

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1978
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-7903362 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PRESTIGE PROPERTY MANAGEMENT & MAINTENANCE
3300 SW 46 AVE.
DAVIE FL 33314-2215

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	BECKER, BLAIR	1.2 NAME		
STREET ADDRESS	2175 NE 56TH ST, 114	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	SCHAFFER, JEAN	2.2 NAME	MARTHA SUE DEBELLAS	
STREET ADDRESS	800 PINE SR	2.3 STREET ADDRESS	2175 NE 56 ST #205	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	MULCAHY, BETTY	3.2 NAME		
STREET ADDRESS	2175 NE 56TH ST 111	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	TOMAN, HENRY	4.2 NAME		
STREET ADDRESS	1740 NE 59 COURT	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERALE FL 33334	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BARRY, COLLEEN	5.2 NAME		
STREET ADDRESS	6565 NE 20TH TERR	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	LESLEY HURST	
STREET ADDRESS		6.3 STREET ADDRESS	2175 NE 56 ST #104	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: B R Becker BLAIR R. BECKER, PRESIDENT (305) 492-0151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010142