

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90142 029 ****61.25

DOCUMENT # 743070^{PK}

1. Corporation Name

The DORIA Condominium Association, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 2175 N.E. 56 ST. #114

2a. Mailing Address

26 P.O. BOX 24756

3. Date Incorporated or Qualified

12-30-97

Suite, Apt. #, etc.

22 FT. LAUDERDALE, FL

Suite, Apt. #, etc.

27 FT. LAUDERDALE, FL

4. FEI Number

59-7903362

Applied For

Not Applicable

City & State

23 33308-2577 USA

City & State

28 33307-4756 USA

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

□

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ALLIANCE PROPERTY SYSTEMS
7101 WEST COMMERCIAL BLVD. 4-A
FT. LAUDERDALE, FL 33319 USA

10. Name and Address of New Registered Agent

81 Name

BLAIR R. BECKER

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

2175 N.E. 56 ST. #114

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33308-2577

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Blair R. Becker - BLAIR R. BECKER

3-19-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	SHARON ENGLISH
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	MANUAL TARAZONA <input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE
NAME	GEORGE ESPINOLA
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	PAUL HURST
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE
NAME	PAUL ROHRER
STREET ADDRESS	2175 N.E. 56 ST. #205
CITY-ST-ZIP	FT. LAUD., FL 33308
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JIM TATE
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GEORGE STOJANOVIC
1.3 STREET ADDRESS	2175 N.E. 56 ST. #108
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SUE LOCKWOOD
2.3 STREET ADDRESS	2175 N.E. 56 ST. #116
2.4 CITY-ST-ZIP	FT. LAUD., FL 33308
3.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GEORGE ESPINOLA
3.3 STREET ADDRESS	2175 N.E. 56 ST. #110
3.4 CITY-ST-ZIP	FT. LAUD., FL 33308
4.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOANNE ROHRER
4.3 STREET ADDRESS	2175 N.E. 56 ST. #205
4.4 CITY-ST-ZIP	FT. LAUD., FL 33308
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Paul Rohrer PAUL ROHRER

3-19-99 (954) 351-0684

Date

Daytime Phone #

CR2E037 (11/98)