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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **762284** **(8)**

1. Corporation Name

DORAL COLONY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O SOUTH FL. MANAGEMENT SERV. INC. 9990 S.W. 77TH AVENUE. SUITE 330 MIAMI FL 33156	C/O SOUTH FL. MANAGEMENT SERV. INC. 9990 S.W. 77TH AVENUE. SUITE 330 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1982
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-2245305 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$6.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
JAMES HATTENBACH C/O SOUTH FLORIDA MANAGEMENT SERVICE, IN 9990 S.W. 77TH AVENUE, SUITE 330 MIAMI FL 33156	81 82 83 84	**South Florida Management Service, Inc.** 13200 S.W. 128th Street Suite D1 Miami, Florida 33186

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: James Hattenbach — 2/24/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	JONES JESSE A.	1.2 NAME	
STREET ADDRESS	5117 NW 93 DORAL WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	KOREN, DONALD	2.2 NAME	600001428636
STREET ADDRESS	9311 NW. 50 DORAL CIR.N.	2.3 STREET ADDRESS	-03/07/95--01150--014
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	****130.00 ****130.00
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, BRENDA	3.2 NAME	
STREET ADDRESS	9316 NW 50 DORAL CIR N	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	☐ Change ☐ Addition
NAME	SLACK, TED	4.2 NAME	
STREET ADDRESS	9332 NW 48 DORAL TER	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	☐ Change ☐ Addition
NAME	SILVER, LOIS	5.2 NAME	
STREET ADDRESS	9310 NW 50 DORAL CIR S	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	VPD	6.1 TITLE	☐ Change ☐ Addition
NAME	JASLOW, AL	6.2 NAME	
STREET ADDRESS	9313 NW 48TH DORAL TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

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: [signature] 1/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000824