

FILE-NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 762284
1. Corporation Name

Doral Colony Homeowners Assn., Inc.

Principal Place of Business Mailing Address
c/o The Continental Group, Inc.
12079 SW 131 Avenue
Miami, Florida 33186

3. Date Incorporated or Qualified 3a. Date of Last Report

4. FEI Number 59-2245305 Applied For Not Applicable

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

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

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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

Hyman and Kaplan, P.A.
14th Floor Courthouse Tower
44 West Flagler Street
Miami, Florida 33130

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 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 *[Signature]*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when translating)

4/14/96

12. OFFICERS AND DIRECTORS

TITLE	P/D	DELETE
NAME	Jones, Jesse	
STREET ADDRESS	5117 NW 93 Doral Way	
CITY-ST-ZIP	Miami, Fl. 33178	
TITLE	VP/D	DELETE
NAME	Slack, Ted	
STREET ADDRESS	9332 NW 48 Doral Terrace	
CITY-ST-ZIP	Miami, Fl. 33178	
TITLE	S/D	DELETE
NAME	Koren, Donald	
STREET ADDRESS	9311 NW 50 Doral Circle North	
CITY-ST-ZIP	Miami, Fl. 33178	
TITLE	T/D	DELETE
NAME	Baron, John	
STREET ADDRESS	9339 NW 50 Doral Circle South	
CITY-ST-ZIP	Miami, Fl. 33178	
TITLE	D/	DELETE
NAME	Lewis, Brenda	
STREET ADDRESS	9316 NW 50 Doral Circle North	
CITY-ST-ZIP	Miami, Fl. 33178	
TITLE	D/	DELETE
NAME	Jaslow, Al	
STREET ADDRESS	9313 NW 48 Doral Terrace	
CITY-ST-ZIP	Miami, Fl. 33178	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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4-18-96
JR

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)(k), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)