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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762284

1. Corporation Name

DORAL COLONY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
C/O THE CONTINENTAL GROUP
12079 SW 131 AVE
MIAMI FL 33186

Mailing Address
C/O THE CONTINENTAL GROUP
12079 SW 131 AVE
MIAMI FL 33186



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/03/1982
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2245305
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	Trust Fund Contribution

9. Name and Address of Current Registered Agent

HYMAN AND KAPLAN, P.A.
150 W FLAGLER STREET
MUSEUM TOWER-SUITE 2701
MIAMI FL 33130

10. Name and Address of New Registered Agent

81. Name SKRLD, Inc	85. Zip Code 33134
82. Street Address (P.O. Box Number is Not Acceptable) 257 Alhambra Circle	
83. #1102	
84. City Coral Gables	FL

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 X SKRLD, Inc by Lisa A. Lerner Secretary 1/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Jesse A. Jones
NAME	JONES JESSE A.	1.2 NAME	5117 NW 93 DORAL WAY
STREET ADDRESS	5117 NW 93 DORAL WAY	1.3 STREET ADDRESS	MIAMI, FL 33178
CITY-ST-ZIP	MIAMI FL 33178	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	KOREN, DONALD	2.2 NAME	
STREET ADDRESS	9311 NW 50 DORAL CIR N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	LEWIS, BRENDA	3.2 NAME	
STREET ADDRESS	9316 NW 50 DORAL CIR N	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	John McLaughlin
NAME	SLACK, TED	4.2 NAME	4961 NW 93 Doral Cir E
STREET ADDRESS	9332 NW 48 DORAL TER	4.3 STREET ADDRESS	MIAMI, FL 33178
CITY-ST-ZIP	MIAMI FL 33178	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	BARON, JOHN	5.2 NAME	
STREET ADDRESS	9339 NW 50TH DORAL CIR S	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
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 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: SIGNATURE REQUIRED 2/1/99 305-836-6113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)