

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90191 033 ****61.25

DOCUMENT # 762284

1. Entity Name

DORAL COLONY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

670 GUARANTEE MGMT SERVICES
 111 FONTAINBLEAU BLVD
 MIAMI FL 33172

111 FONTAINBLEAU BLVD
 MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

670 Guarantee Management
 Suite, Apt. #, etc.
 7200 N.W. 7 St, Suite 300

670 Guarantee Management
 Suite, Apt. #, etc.
 7200 N.W. 7 St, Suite 300

City & State
 Miami, FL

City & State
 Miami, FL

Zip
 33126-2941

Country
 USA

Zip
 33126-2941

Country
 USA

4. FEI Number
 59-2245305

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKRID INC.
 201 ALHAMBRA CIRCLE
 STE 1102
 CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME JONES JESSE A.
 STREET ADDRESS 5117 NW 93 DORAL WAY
 CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
 NAME KOREN, DONALD
 STREET ADDRESS 9311 NW. 50 DORAL CIR.N.
 CITY-ST-ZIP MIAMI FL 33178 ☒ Delete

TITLE DVP
 NAME EWING, THOMAS A.
 STREET ADDRESS 9352 NW. 48 DORAL Terr.
 CITY-ST-ZIP MIAMI, FL 33178 ☐ Change ☒ Addition

TITLE DV
 NAME LEWIS, BRENDA
 STREET ADDRESS 9316 NW 50 DORAL CIR N
 CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
 NAME MCLAUGHLIN, JOHN
 STREET ADDRESS 4961 NW 93RD CIRCLE E
 CITY-ST-ZIP MIAMI FL 33178 ☒ Delete

TITLE DVP
 NAME REISS, STAN
 STREET ADDRESS 9338 NW 50 DORAL Cir. South
 CITY-ST-ZIP MIAMI, FL 33178 ☐ Change ☒ Addition

TITLE TD
 NAME RILEY, NINFA
 STREET ADDRESS 5071 NW 93 DORAL CIR E
 CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

TITLE DS
 NAME Beddingfield, MARY ANN
 STREET ADDRESS 9318 N.W. 50 Doral Circle South
 CITY-ST-ZIP Miami, FL 33178 ☐ Change ☒ Addition

TITLE DV
 NAME JASLOW, AL
 STREET ADDRESS 9313 NW 48TH DORAL TERRACE
 CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jonathan Jacobson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

Daytime Phone #

CR2E037 (9/01)