

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N01832** (7)
1. Corporation Name
**DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 1
ASSOCIATION, INC**

Principal Place of Business % GUARANTEE MANAGEMENT SERVICES, INC. 111 FOUNTAINBLEAU BLVD. MIAMI FL 33172	Mailing Address % GUARANTEE MANAGEMENT SERVICES, INC. 111 FOUNTAINBLEAU BLVD. MIAMI FL 33172
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3. Date Incorporated or Qualified

03/07/1984

4. FEI Number

59-2564904

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LUBITZ, ALAN H.
1500 SAN REMO AVE., #220
CORAL GABLES FL 33146**

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, 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	<input type="checkbox"/> DELETE
NAME	PETRALITO, JOHN	
STREET ADDRESS	4950 NW 102ND AVE #204	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MOSS, STEWART	
STREET ADDRESS	4990 NW 102ND AVE #201	
CITY-ST-ZIP	MIAMI FL	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD
2.3 STREET ADDRESS	GARCIA, MARIA D.
2.4 CITY-ST-ZIP	4950 NW. 102 AVE., #104 MIAMI FL

TITLE	D	<input type="checkbox"/> DELETE
NAME	EOPINOZA, ELIZABETH	
STREET ADDRESS	4950 N.W. 102ND, #202	
CITY-ST-ZIP	MIAMI FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GONTERAS, IRAN	
STREET ADDRESS	4990 N.W. 102ND, #107	
CITY-ST-ZIP	MIAMI FL	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S
4.3 STREET ADDRESS	BANAAG, INA
4.4 CITY-ST-ZIP	4950 N.W. 102 AVE., #102 MIAMI FL

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME	<i>John D. Petralito</i>	
STREET ADDRESS	<i>4950 NW 102nd Ave #204</i>	
CITY-ST-ZIP	<i>MIAMI FL 33172</i>	

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.

SIGNATURE: *X John D. Petralito*

CP2E037 (10/97)