

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90115 012 ****61.25

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DOCUMENT # N01832

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date incorporated or Qualified

03/07/1984

4. FEI Number

59-2564904

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETEPD
NAME PETRALITO, JOHN
STREET ADDRESS 4950 NW 102ND AVE #204
CITY-ST-ZIP MIAMI FLTITLE ☐ DELETEVPD
NAME GARCIA, MARIA D
STREET ADDRESS 4950 NW 102 AVE., #104
CITY-ST-ZIP MIAMI FLTITLE ☒ DELETED
NAME EOPINOZA, ELIZABETH
STREET ADDRESS 4950 N.W. 102ND, #202
CITY-ST-ZIP MIAMI FLTITLE ☐ DELETES
NAME BANAAG, INA
STREET ADDRESS 4950 102 AVE., #102
CITY-ST-ZIP MIAMI FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *X*SIGNATURE REQUIRED *acil*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)