

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 22, 2009  
Secretary of State**

DOCUMENT# N08000003744

Entity Name: DOWNTOWN DORAL COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

2855 SOUTH LEJEUNE ROAD  
4TH FLOOR  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2855 SOUTH LEJEUNE ROAD  
4TH FLOOR  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS OF FLORIDA, LLC  
100 SOUTHEAST SECOND STREET  
SUITE 2900  
MIAMI, FL 331312130 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COBB, CHRIS  
Address: 2855 SOUTH LEJEUNE ROAD, 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

Title: VD ( ) Delete  
Name: CODINA, ANA  
Address: 2855 SOUTH LEJEUNE ROAD, 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

Title: STD ( ) Delete  
Name: PESANT, ROBERTO  
Address: 2855 SOUTH LEJEUNE ROAD, 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: GODOY, RUSTY  
Address: 2855 SOUTH LEJEUNE ROAD, 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KOLLEEN COBB

VPS

04/22/2009

Electronic Signature of Signing Officer or Director

Date