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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08552 (4)

1. Corporation Name

VILLAGE OF DORAL WOODS ASSOCIATION, INC.

Principal Place of Business C/O GUARANTEE MANAGEMENT SERVICES 111 FONTAINEBLEAU BOULEVARD MIAMI FL 33172	Mailing Address C/O GUARANTEE MANAGEMENT SERVICES 111 FONTAINEBLEAU BOULEVARD MIAMI FL 33172-4507
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/05/1985		3a. Date of Last Report 03/21/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2644297		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EISINGER, DENNIS J.
19495 BISCAYNE BOULEVARD
SUITE 606
NORTH MIAMI BEACH 33180**

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	D LLOYD, RANDAL L 9935 NW 47 TERR MIAMI FL	1.1 TITLE	TD Lloyd, Randall 9935 NW 47 Terr Miami, FL
NAME	PD ZORB, JOANN 9967 NW 47TH TERR. MIAMI FL	1.2 NAME	VPD Heyna, Kurt 9880 NW 47 Terr Miami, FL
STREET ADDRESS	TD JENNINGS, ROBERT 4745 NW 98TH PLACE MIAMI FL	2.1 TITLE	D Seiden, Eric 9890 NW 47 Terr Miami, FL
CITY-ST-ZIP	SD ATKINS, DIANE 4825 NW 49TH TERR. MIAMI FL	2.2 NAME	D Sussman, Gerry 4880 NW 99 Place Miami, FL
	VPD ROMEA, LILIANA 4806 NW 98 PL MIAMI FL	3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do 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:

Randal L Lloyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97

(305) 477-5751

Daytime Phone # 0032469

CR2E037 (9/96)