


FILE NOW: FILING FEE IS \$61.25

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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90104 044 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08552
 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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/05/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2644297
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

9. Name and Address of Current Registered Agent EISINGER, DENNIS J. 19495 BISCAYNE BOULEVARD SUITE 606 NORTH MIAMI BEACH 33180	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input type="checkbox"/> DELETE	1.1 TITLE LLOYD, Randall VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LLOYD, RANDALL		1.2 NAME	
STREET ADDRESS 9935 NW 47 TERRACE		1.3 STREET ADDRESS 9935 NW 47 Terr	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP MIAMI, FL 33178	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEYNA, KURT		2.2 NAME HEYNA, KURT	
STREET ADDRESS 9880 NW 47TH TERRACE		2.3 STREET ADDRESS 9880 NW 47 Terr	
CITY-ST-ZIP MIAMI FL 33178		2.4 CITY-ST-ZIP MIAMI, FL 33178	
TITLE P	<input type="checkbox"/> DELETE	3.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SEIDEN, ERIC		3.2 NAME Seiden, Eric	
STREET ADDRESS 9890 NW 47 TERRACE		3.3 STREET ADDRESS 9890 NW 47 Terr	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP MIAMI, FL 33178	
TITLE SECY	<input type="checkbox"/> DELETE	4.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUSSMAN, GERRY		4.2 NAME Sussman, Gerry	
STREET ADDRESS 4880 NW 99 PLACE		4.3 STREET ADDRESS 4880 NW 99 Place	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP MIAMI, FL 33178	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Eric Seiden* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/2/99 Daytime Phone #

CR2E037 (1/1/98)