

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90030 023 ****61.25

DOCUMENT # N08552

1. Entity Name

VILLAGE OF DORAL WOODS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O GUARANTEE MANAGEMENT SERVICES
 111 FONTAINBLEAU BOULEVARD
 MIAMI FL 33172

C/O GUARANTEE MANAGEMENT SERVICES
 111 FONTAINBLEAU BOULEVARD
 MIAMI FL 33172-4507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2644297

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VPD
 NAME: LLOYD, RANDALL
 STREET ADDRESS: 9935 NW 47 TERRACE
 CITY-ST-ZIP: MIAMI FL 33178

Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: TD
 NAME: HEYNA, KURT
 STREET ADDRESS: 9880 NW 47TH TERRACE
 CITY-ST-ZIP: MIAMI FL 33178

Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: SD
 NAME: SEIDEN, ERIC
 STREET ADDRESS: 9890 NW 47 TERRACE
 CITY-ST-ZIP: MIAMI FL 33178

Delete

TITLE: Change Addition
 NAME: PD SEIDEN, ERIC
 STREET ADDRESS: 9890 NW 47 Terr
 CITY-ST-ZIP: Miami, FL 33178

TITLE: D
 NAME: SUSSMAN, GERRY
 STREET ADDRESS: 4880 NW 99 PLACE
 CITY-ST-ZIP: MIAMI FL

Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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 CITY-ST-ZIP:

TITLE: Delete
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 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eric Seiden, President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-01
 Date

Daytime Phone #

CR2E037 (9/99)