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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16452 (7)

1. Corporation Name
VILLAGE OF DORAL LAKES ASSOCIATION, INC.

Principal Place of Business Mailing Address

**% GUARANTEE MANAGEMENT SERVICES, INC.
111 FONTANBLEAU BLVD.
MIAMI FL 33172**

**% GUARANTEE MANAGEMENT SERVICES, INC.
111 FONTANBLEAU BLVD.
MIAMI FL 33172**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/20/1986** 3a. Date of Last Report **03/04/1994**

4. FEI Number **59-2803074** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**RUBINSTEIN, ROBERT
1071 N. W. 100th Ave.
N. MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent

81 Name **MELON, Edo-Hyman & Kaplan**

82 Street Address (P.O. Box Number is Not Acceptable) **44 West Flagler Street, 14th Floor**

83

84 City **Miami** 85 Zip Code **FL 33131**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE *Charles Rubenstein* DATE **2/27/95**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	REUDA, VICTORIA
STREET ADDRESS	9816 N.W. 51ST TERR.
CITY - ST - ZIP	MIAMI FL
TITLE	SO
NAME	LATOUR, ELIZABETH
STREET ADDRESS	9806 N.W. 51ST TERR.
CITY - ST - ZIP	MIAMI FL
TITLE	PD
NAME	SANZ, STEWART
STREET ADDRESS	5180 N.W. 101ST PLACE
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres./Δ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sanz, Stuart	
1.3 STREET ADDRESS	5180 NW 101 Place	
1.4 CITY - ST - ZIP	Miami, FL	
2.1 TITLE	V.P./Δ	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Reuda, Victoria	
2.3 STREET ADDRESS	9816 NW 51st Terrace	
2.4 CITY - ST - ZIP	Miami, FL	
3.1 TITLE	Sec./Treas./Δ	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sanz, Stuart	
3.3 STREET ADDRESS	NW 101 Place	
3.4 CITY - ST - ZIP	Miami, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stuart Sanz* DATE **2/25/95**

Signature and typed or printed name of signing officer or director