

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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

1996 3-4-96

B- 1013 NC

DOCUMENT # **N16452** (7)

1. Corporation Name

**VILLAGE OF DORAL LAKES ASSOCIATION, INC.**



|   |   |
|---|---|
| Principal Place of Business   | Mailing Address   |
| % GUARANTEE MANAGEMENT SERVICES, INC.<br>111 FONTAINBLEAU BLVD.<br>MIAMI FL 33172 | % GUARANTEE MANAGEMENT SERVICES, INC.<br>111 FONTAINBLEAU BLVD.<br>MIAMI FL 33172 |

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>08/20/1986</b> | 3a. Date of Last Report<br><b>04/18/1995</b> |
|--|--|

|                                |                         |   |   |
|--------------------------------|-------------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address     | 4. FEI Number<br><b>59-2803074</b>  | Applied For<br><input type="checkbox"/> |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required   |
| 22. City & State               | 27. City & State        | 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees      |
| 23. Zip                        | 28. Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| 24. Country                    | 25. Zip                 |   |   |
| 29. Country                    | 30. Zip                 |   |   |

|  |              |  |           |
|--|--------------|--|-----------|
| 9. Name and Address of Current Registered Agent  |              | 10. Name and Address of New Registered Agent           |           |
| <b>MELONI, EDO-HYMAN &amp; KA</b><br><b>44 WEST FLAGLER STREET 14TH FLOOR</b><br><b>MIAMI FL 33131</b> |              | 81. Name   |           |
|  |              | 82. Street Address (P.O. Box Number is Not Acceptable) |           |
|  |              | 83.  |           |
|  |              | 84. City   | <b>FL</b> |
|  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | PD <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SANZ, STUART                        | 1.2 NAME  |   |
| STREET ADDRESS             | 5180 NW 101 PLACE                   | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL                            | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VPD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RUEDA, VICTORIA                     | 2.2 NAME  |   |
| STREET ADDRESS             | NW 51ST TERRACE                     | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL                            | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | STD <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SANZ, STUART                        | 3.2 NAME  |   |
| STREET ADDRESS             | NW 101 PLACE                        | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL                            | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 4.2 NAME  |   |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       |   |
| 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* \_\_\_\_\_ Date: **3/26/96** \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E037 (12/95)