

FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 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 # **N16452** (7)  
1. Corporation Name  
**VILLAGE OF DORAL LAKES ASSOCIATION, INC.**



Principal Place of Business <b>% GUARANTEE MANAGEMENT SERVICES, INC. 111 FONTAINBLEAU BLVD. MIAMI FL 33172</b>	Mailing Address <b>% GUARANTEE MANAGEMENT SERVICES, INC. 111 FONTAINBLEAU BLVD. MIAMI FL 33172-4507</b>
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3. Date Incorporated or Qualified <b>08/20/1986</b>	3a. Date of Last Report <b>03/04/1996</b>
4. FEI Number <b>59-2803074</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**MELONI, EDO-HYMAN & KA  
44 WEST FLAGLER STREET 14TH FLOOR  
MIAMI FL 33131**

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

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 SANZ, STUART 5180 NW 101 PLACE MIAMI FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	P/D Rolando Oseo
STREET ADDRESS		1.3 STREET ADDRESS	9801 NW 51 LN.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI, FL 33178
TITLE	VPO RUEDA, VICTORIA NW 51ST TERRACE MIAMI FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	V/P/D Elio Perez
STREET ADDRESS		2.3 STREET ADDRESS	9900 NW 57 LN
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33178
TITLE	STD SANZ, STUART NW 101 PLACE MIAMI FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	T/D Gustavo Martinez
STREET ADDRESS		3.3 STREET ADDRESS	9770 NW 51 LN
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33178
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	S/D Lourdes Martinelli
STREET ADDRESS		4.3 STREET ADDRESS	9850 NW 51 LN
CITY-ST-ZIP		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 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 \_\_\_\_\_ DATE **3-30-97** DAYTIME PHONE # **0032479**

CR2E037 (9/96)