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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N16452
 1. Corporation Name
VILLAGE OF DORAL LAKES ASSOCIATION, INC.

* 4 4 8 1 7 3 *



Principal Place of Business Mailing Address
 % GUARANTEE MANAGEMENT SERVICES, INC.
 111 FONTAINBLEAU BLVD.
 MIAMI FL 33172

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/20/1986
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2803074
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	30	<input type="checkbox"/> \$8.75 Additional Fee Required
25	29	6. Election Campaign Financing
29	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MELONI, EDO-HYMAN & KA 44 WEST FLAGLER STREET 14TH FLOOR MIAMI FL 33131	81 Name <i>Att. Deans</i> Phillips, Eisinger, Koss, P.A. Eisinger 82 Street Address (P.O. Bcx Number is Not Acceptable) 4000 Hollywood Blvd. 83 Suite #265 South 84 City Hollywood FL 85 Zip Code 33021

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 *[Signature]* DATE **4/14/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSSES, ROLANDO	1.2 NAME	
STREET ADDRESS	9801 N.W. 51 LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ELIV	2.2 NAME	
STREET ADDRESS	9800 N.W. 51 LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, GUSTAVO	3.2 NAME	
STREET ADDRESS	9770 N.W. 51 LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, MARK	4.2 NAME	
STREET ADDRESS	9881 NW 51 KABE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANZ, STUART	5.2 NAME	MARTINELLI, LOURDES
STREET ADDRESS	5180 NW 101 PL	5.3 STREET ADDRESS	9850 N.W. 51 LANE
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MISAEEL, JARAMILLO	6.2 NAME	LAUREANO, NORA
STREET ADDRESS	10515 NW 51 LANE	6.3 STREET ADDRESS	9781 N.W. 51 LANE
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI, FL 33178

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **2-28-99** DAYTIME PHONE #: **305-591-7603**

CR2E037 (1/98)