2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 20, 2000 8:00 am Secretary of State N16452 DOCUMENT # 1. Entity Name Village of Doral Lakes Association, Inc. 04-20-2000 90082 007 ****61.25 Principal Place of Business Mailing Address · 3. Mailing Address 2. Principal Place of Business The Continental Group, Suite, Apt. #, etc. The Continental Group Ltd. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 12079 SW 131 Avenue <u>12079 SW 131 Avenuė</u> Applied For City & State City & State 4. FEI Number Not Applicable 59-2803074 <u>Miami, Fl</u> <u>Miami, Fl</u> \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 33186 33186 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name. Phillips, Eisinger, Koss Street Address (P.O. Box Number is Not Acceptable) 19495 Biscayne Blvd. Suite 606 Zip Code Miami, Fl 33180 FL 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** DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change X Addition TITLE ☐ Delete TITLE NAME Osès pa Rollando NAME STREET ADDRESS 9801 NW# 51 Lane STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Miami, FL 33178</u> ☐ Change Addition TDTITLE ☐ Delete TITLE NAME Martinez a Gustavo STREET ADDRESS STREET ADDRESS 9770 NW 51 Ln CiTY-ST-ZIP CITY-ST-ZIP <u> Miami. Fl. 33178</u> Addition Change ☐ Delete TITLE TITLE NAME NAME Matinedli, Luciano STREET ADDRESS STREET ADDRESS 9850 NW 51 Ln CITY-ST-ZIP CITY-ST-ZIP Miami, FL-33178 Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME Aderholt, Mary STREET ADDRESS STREET ADDRESS 5170 NW 101 P Miami, Fl 3317 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME Beillard, Martha NAME STREET ADDRESS STREET ADDRESS 5160 NW 101 Pl CITY-ST-ZIP CITY-ST-ZIP <u>Miami, FL 33178</u> ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME Parsons, Norman STREET ADDRESS STREET ADDRESS 10126 NW 51 Ter 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 the empowered.

SIGNATURE:

IGNATURE AND TYPER OF REINTER NAME OF SIGNING OFFICER OF DIRECTO

4-11-00

Date

Daytime Phone #