

2001 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-27-2001 90304 003 ****61.25

DOCUMENT # N16452

1. Entity Name

VILLAGE OF DORAL LAKES ASSOCIATION, INC.

Principal Place of Business

%THE CONTINENTAL GROUP LTD
 12079 SW 131 AVE
 MIAMI FL 33186
 US

Mailing Address

%THE CONTINENTAL GROUP LTD
 12079 SW 131 AVE
 MIAMI FL 33186
 US

30867



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2803074

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, EISINGER, KOSS, P.A.
19495 BISCAYNE BLVD
STE 606
MIAMI FL 33180

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	OSSES, ROLANDO	9801 N.W. 51 LANE	MIAMI FL	<input checked="" type="checkbox"/>
VPD	PEREZ, ELIV	9800 N.W. 51 LANE	MIAMI FL	<input checked="" type="checkbox"/>
TD	MARTINEZ, GUSTAVO	9770 N.W. 51 LANE	MIAMI FL	<input checked="" type="checkbox"/>
D	FORD, MARK	9881 NW 51 KABE	MIAMI FL	<input checked="" type="checkbox"/>
D	MARTINELLI, LOURDES	9850 N.W. 51ST LANE	MIAMI FL 33178	<input checked="" type="checkbox"/>
D	LAUREANO, NORA	9781 N.W. 51ST LANE	MIAMI FL 33178	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	RODOLFO SILVA	10031 NW 51 LN	MIAMI, FL 33178	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE-PRESIDENT	FERNANDO HORRUITINER	10036 NW 51 TER	MIAMI, FL 33178	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TREASURER	MARY ADERHOLDT	5170 NW 101 PL	MIAMI, FL 33178	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY	BRUCE D'AMICO	10040 NW 51 LN	MIAMI, FL 33178	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DIRECTOR	NORM PARSONS	10126 NW 51 TER	MIAMI, FL 33178	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DIRECTOR	ALEXANDER GOMEZ	9846 NW 51 TER	MIAMI, FL 33178	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)