


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90004 044 ****61.25

DOCUMENT # N16452

1. Entity Name
VILLAGE OF DORAL LAKES ASSOCIATION, INC.



Principal Place of Business
**C/O MIAMI MANAGEMENT
 14275 SW 142 AVE
 MIAMI, FL 33186 US**

Mailing Address
**C/O MIAMI MANAGEMENT INC
 14275 SW 142 AVENUE
 MIAMI, FL 33186**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

01212004 Chg-NP CR2E037 (10/03)

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

**EISINGER, DENNIS J
 4000 HOLLYWOOD BOULEVARD
 SUITE 265-S
 HOLLYWOOD, FL 33021**

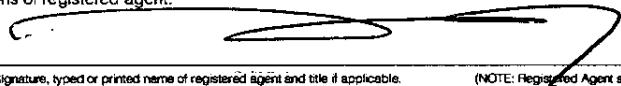
7. Name and Address of New Registered Agent

Name: **CARLOS TRIAY P.A.**

Street Address (P.O. Box Number is Not Acceptable)
**10570 N.W. 27 Street
 Suite 103**

City: **MIAMI** FL Zip Code: **33172**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **3/18/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HORRUITINER, FERNANDO	
STREET ADDRESS	10036 NW 51 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	PARSONS, NORM	
STREET ADDRESS	10126 NW 51 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	ADERHOLDT, MARY M	
STREET ADDRESS	5170 NW 101 PLACE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	D'AMICO, BRUCE	
STREET ADDRESS	10040 NW 51ST LANE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, FRANCISCO	
STREET ADDRESS	9705 NW 51ST TERRACE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NAJERA, JORGE	
STREET ADDRESS	10091 NW 5TH LN	
CITY-ST-ZIP	MIAMI, FL 33178	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VICE PRESIDENT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORRUITINER, FERNANDO	
STREET ADDRESS	10036 NW 51 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	PRESIDENT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSONS, NORM	
STREET ADDRESS	10126 NW 51 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosa, Mariablanca	
STREET ADDRESS	5181 NW 101 PLACE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ceballos, Edgar	
STREET ADDRESS	5131 NW 101 PLACE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mohns, Mario	
STREET ADDRESS	9745 NW 51 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE:  **3/16/04** **305-259-1417**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **305-378-0130x117**