


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90049 028 ****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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TRIAY, CARLOS PA 10570 N.W. 27 STREET SUITE 103 MIAMI, FL 33172				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORRUITINER, FERNANDO		NAME	Horruitiner, Fernando	
STREET ADDRESS	10036 NW 51 TERRACE		STREET ADDRESS	10036 NW 51 Terr.	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	MIAMI FL 33178	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARSONS, NORM		NAME	COLON, MARIANCA	
STREET ADDRESS	10126 NW 51 TERRACE		STREET ADDRESS	5181 NW 101 PLACE	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	MIAMI FL 33178	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADERHOLDT, MARY M		NAME	GARCIA, MAY	
STREET ADDRESS	5170 NW 101 PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D'AMICO, BRUCE		NAME	MOLINS, MARIO	
STREET ADDRESS	10040 NW 51ST LANE		STREET ADDRESS	9745 NW 51 Terr.	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	MIAMI-FL-33178	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, FRANCISCO		NAME	AMBARO, LEONARDO	
STREET ADDRESS	9705 NW 51ST TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	UP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEBALLOS, EDGAR		NAME	Ceballos, Edgar	
STREET ADDRESS	5131 NW 101 PLACE		STREET ADDRESS	5131 NW 101 PL	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	MIAMI FL 33178	
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: <u>May m Adulost</u> 3/10/05 TREASURER					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
				<small>Daytime Phone #</small>	

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4. FEI Number 59-2803074 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required