


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90008 010 ****61.25

DOCUMENT # N16452							
1. Entity Name VILLAGE OF DORAL LAKES ASSOCIATION, INC.							
Principal Place of Business C/O MIAMI MANAGMENT 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 - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc. _		Suite, Apt. #, etc.					
City & State		City & State		01042007 Chg-NP CR2E037 (12/06)			
Zip		Country		4. FEI Number 59-2803074			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 _____							
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, 2007		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 checked="" type="checkbox"/> Delete		TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MIDARD, LEONARDO			NAME	NORMAN PARSONS		
STREET ADDRESS	9726 NW S TERR			STREET ADDRESS	10126 NW 51 TERR		
CITY-ST-ZIP	MIAMI, FL 33178			CITY-ST-ZIP	MIAMI FL 33178		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARCIA, MAY			NAME			
STREET ADDRESS	10126 NW 51 TERRACE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33178			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADERHOLDT, MARY M			NAME			
STREET ADDRESS	5170 NW 101 PLACE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33178			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	D'AMICO, BRUCE			NAME			
STREET ADDRESS	10040 NW 51ST LANE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33178			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOLINS, MARIO			NAME			
STREET ADDRESS	5181 NW 101 PLACE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33178			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUIZ, JORGE			NAME			
STREET ADDRESS	5130 NW 101 PL			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33178			CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____				Date: <u>March 07</u>			
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			

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