


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90015 050 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2803074	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country	01032008 Chg-NP CR2E037 (12/06)	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSONS, NORMAN		NAME	DAMICO, BRUCE	
STREET ADDRESS	10126 NW 51 TERR		STREET ADDRESS	10040 NW 51 ⁰ LANE	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, MAY		NAME	ZULMA HERNANDEZ	
STREET ADDRESS	10126 NW 51 TERRACE		STREET ADDRESS	10031 NW 51 LANE	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADERHOLDT, MARY M		NAME	MANUELA GUARDIA	
STREET ADDRESS	5170 NW 101 PLACE		STREET ADDRESS	5180 NW 101 PLACE	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D'AMICO, BRUCE		NAME	DON, YNETTE	
STREET ADDRESS	10040 NW 51ST LANE		STREET ADDRESS	10005 NW 51 TERR	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	D	<input checked="" 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 checked="" 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: <u>Mary M Adulocot</u>			Date: <u>1/7/08</u>		Daytime Phone #: <u>305-500-4259</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

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