

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16452

FILED
Feb 17, 2012
Secretary of State

Entity Name: VILLAGE OF DORAL LAKES ASSOCIATION, INC.

Current Principal Place of Business:

10100 NW 51 TERRACE
MIAMI, FL 33178 US

New Principal Place of Business:

14275 SW 142 AVENUE
MIAMI, FL 33186 US

Current Mailing Address:

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

New Mailing Address:

14275 SW 142 AVENUE
MIAMI, FL 33186 US

FEI Number: 59-2803074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIAIY, CARLOS PA
2301 NW 87 AVENUE
501
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: PARSONS, NORMAN
Address: 14275 SW 142 AVENUE
City-St-Zip: MIAMI, FL 33186

Title: VPT
Name: LINARES, ISABEL
Address: 14275 SW 142 AVENUE
City-St-Zip: MIAMI, FL 33186

Title: T
Name: ADERHOLDT, MARY M
Address: 14275 SW 142 AVENUE
City-St-Zip: MIAMI, FL 33186

Title: S
Name: D'AMICO, BRUCE
Address: 14275 SW 142 AVENUE
City-St-Zip: MIAMI, FL 33186

Title: D
Name: PONS, YVETTE
Address: 14275 SW 142 AVENUE
City-St-Zip: MIAMI, FL 33186

Title: D
Name: GARCIA-CLISSENT, MAY
Address: 14275 SW 142 AVENUE
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NORMAN PARSONS

P

02/17/2012

Electronic Signature of Signing Officer or Director

_____ Date