

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91000 039 ****61.25

DOCUMENT # N16452



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

Principal Place of Business
**%THE CONTINENTAL GROUP LTD
12079 SW 131 AVE
MIAMI FL 33186
US**

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
400 MIAMI MANAGEMENT

3. Mailing Address

Suite, Apt. #, etc.
14275 SW 142 AVE

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

4. FEI Number **59-2803074**

Applied For
Not Applicable

Zip **33186** Country **USA**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | HORRUTINER, FERNANDO | |
| STREET ADDRESS | 10036 NW 51 TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33178 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PARSONS, NORM | |
| STREET ADDRESS | 10126 NW 51 TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33178 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | ADERHOLDT, MARY M | |
| STREET ADDRESS | 5170 NW 101 PLACE | |
| CITY-ST-ZIP | MIAMI FL 33178 | |
| TITLE | S | <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 | BEILLARD, MARTHA | |
| STREET ADDRESS | 6160 NW 101 PLACE | |
| CITY-ST-ZIP | MIAMI FL 33178 | |

| | | |
|----------------|--------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PARSONS, NORM | |
| STREET ADDRESS | 10126 NW 51 TERR. | |
| CITY-ST-ZIP | MIAMI FL 33178 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SEWING, KAREN | |
| STREET ADDRESS | 10131 NW 51 LANE | |
| CITY-ST-ZIP | MIAMI FL 33178 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | COLON, MARIBLANCA | |
| STREET ADDRESS | 5181 NW 101 PL | |
| CITY-ST-ZIP | MIAMI FL 33178 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JORGE NAJERA | |
| STREET ADDRESS | 10091 NW 51 LANE | |
| 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: SIGNATURE REQUIRED **3/15/03 305-500-4259**

CR2E037 (10/02)