FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary Of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23100 (3)

1. Corporation Name

VILLAGE OF DORAL DUNES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MIAMI MANAGEMENT, INC. 14538 SW 119 AVE. MIAMI FL 33186-6110 US	C/O MIAMI MANAGEMENT, INC. 14538 SW 119 AVE. MIAMI FL 33186-6110 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1987
3a. Date of Last Report: 04/20/1994
4. FEI Number: 66-0052606 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 MIAMI MANAGEMENT, INC.
Suite 22 MIAMI MANAGEMENT, INC. 14275 SW 142 AVE.	Suite, Apt. 27 14275 SW 142 AVE. MIAMI, FL 33186
City & State 23 MIAMI, FL 33186	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TRIAY, CARLOS A.
600 PONCE DE LEON BLVD.
STE. 1110
CORAL GABLES FL 33143

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DE MAIO, MARINA	1.2 NAME	
STREET ADDRESS	10348 NW 46TH TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	DE ARMAS, ROGER	2.2 NAME	
STREET ADDRESS	10378 NW 46TH TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	SEIDER, HENRY	3.2 NAME	
STREET ADDRESS	10398 NW 46 TERR. DELETE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	T. D.	4.1 TITLE	☒ Change ☐ Addition
NAME	WOLFMAN, HANK	4.2 NAME	
STREET ADDRESS	4535 NW 104TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☒ Addition
NAME	Adamson, Patricia	5.2 NAME	
STREET ADDRESS	10595 N.W. 43 Terr.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33178	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000011