

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23100** (3)
1. Corporation Name
VILLAGE OF DORAL DUNES ASSOCIATION, INC.



Principal Place of Business C/O MIAMI MANAGEMENT, INC. 14275 SW 142 AVE MIAMI FL 33186 US	Mailing Address C/O MIAMI MANAGEMENT, INC. 14275 SW 142 AVE MIAMI FL 33186-6715 US
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3. Date Incorporated or Qualified 10/21/1987	3a. Date of Last Report 03/27/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25 Country 30
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4. FEI Number 66-0052606	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**TRIAI, CARLOS A.
999 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KOPIKAK, FRANK	
STREET ADDRESS	10345 WN 46 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DE ARMAS, ROGER	
STREET ADDRESS	10378 NW 46TH TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ADAM, ROBERT	
STREET ADDRESS	10362 NW 46 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TO	<input checked="" type="checkbox"/> DELETE
NAME	WOLFGANG, HANK	
STREET ADDRESS	4535 NW 104TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D TREASURER	<input type="checkbox"/> DELETE
NAME	TELLECHEA, GABRIEL	
STREET ADDRESS	10362 NW 46 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HADAD, ALEJANDRO	
4.3 STREET ADDRESS	10368 NW 46th STREET	
4.4 CITY-ST-ZIP	MIAMI, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MENZ, MARY	
5.3 STREET ADDRESS	10349 NW 49th TERR.	
5.4 CITY-ST-ZIP	MIAMI, FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	OTTO, RUTH	
6.3 STREET ADDRESS	10352 NW 46th ST.	
6.4 CITY-ST-ZIP	MIAMI, FL	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

1/8/97

Daytime Phone # 0033713

CR2E037 (9/96)