

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

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90124 008 \*\*\*\*61.25

**DOCUMENT # N23100**

1. Entity 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 33186-6110  
US**

**30044593**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>66-0052606</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>TRIAY, CARLOS A. 999 PONCE DE LEON BLVD. STE. 1110 CORAL GABLES FL 33143</b>				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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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	<b>PD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>KOPIKAK, FRANK</b>			NAME			
STREET ADDRESS	<b>10345 WN 46 STREET</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			CITY-ST-ZIP			
TITLE	<b>SD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>VICEDOMINI, FRED</b>			NAME			
STREET ADDRESS	<b>10382 NW 46 TERR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ALVAREZ, RAFAEL</b>			NAME			
STREET ADDRESS	<b>10450 NW 48 ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			CITY-ST-ZIP			
TITLE	<b>DT</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>TELLECHEA, GABRIEL</b>			NAME			
STREET ADDRESS	<b>10362 NW 46 TERRACE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GARCIA, JOSE</b>			NAME			
STREET ADDRESS	<b>4748 NW 103 CT</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CESAR, LUIS</b>			NAME			
STREET ADDRESS	<b>10430 NW 48 ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			CITY-ST-ZIP			

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: *Frank Kopilak* **3/5/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

CR2E037 (10/02)