

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25213

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: VILLAGE OF DORAL PINES ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ALLIED PROPERTY GROUP, INC.  
12350 SW 132 CT. # 114  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O: ALLIED PROPERTY GROUP, INC.  
12350 SW 132 CT. # 114  
MIAMI, FL 33186 US

**New Mailing Address:**

FEI Number: 65-0125925      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PERSAUD & NUNEZ  
201 N KROME AVE  
SUITE 200  
HOMESTEAD, FL 33030 US

**Name and Address of New Registered Agent:**

PERSAUD & NUNEZ  
10631 N. KENDALL DR.  
SUITE 205  
MIAMI, FL 33176 US

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

04/15/2009

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CASTILLO, OTTO  
Address: 5755 NW 99 PL  
City-St-Zip: MIAMI, FL 33178

Title: S ( ) Delete  
Name: MALONE, CHRISTIANE  
Address: 6584 NW 101 CT.  
City-St-Zip: MIAMI, FL 33178

Title: VP ( ) Delete  
Name: RIVERA, ANA  
Address: 5158 NW 98 AVE.  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CASTILLO, OTTO  
Address: 5766 NW 99 PL  
City-St-Zip: DORAL, FL 33178

Title: S (X) Change ( ) Addition  
Name: MALONE, CHRISTIANE  
Address: 6584 NW 101 CT.  
City-St-Zip: DORAL, FL 33178

Title: VP (X) Change ( ) Addition  
Name: RIVERA, ANA  
Address: 5158 NW 98 AVE.  
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: OTTO CASTILLO

Electronic Signature of Signing Officer or Director

P

04/15/2009

Date