

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25213

FILED  
Apr 29, 2011  
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:**

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

FEI Number: 65-0125925

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIMON, LORETTA E  
12350 SW 132 CT.  
STE 114  
MIAMI, FL 33186 US

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

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CASTILLO, OTTO  
Address: 12350 SW 132 CT. STE. 114  
City-St-Zip: MIAMI, FL 33186

Title: S  
Name: MALONE, CHRISTIANE  
Address: 12350 SW 132 CT. STE. 114  
City-St-Zip: MIAMI, FL 33186

Title: VP  
Name: RIVERA, ANA  
Address: 12350 SW 132 CT. STE.  
City-St-Zip: MIAMI, FL 33186

I hereby 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 all other like empowered.

SIGNATURE: OTTO CASTILLO

PD

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date