

FILE NOW: FILING FEE IS \$61.25

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Feb 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N31150 (8)

1. Corporation Name

DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 1
0 ASSOCIATION, INC.



Principal Place of Business

Mailing Address

12079 SW 131 AVENUE
MIAMI FL 33186

12079 SW 131 AVENUE
MIAMI FL 33186-6475

3. Date Incorporated or Qualified
03/10/1989

3a. Date of Last Report
03/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0135863

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EISINGER, DENNIS, ESQ.
19495 BISCAYNE BLVD
SUITE 606
NO. MIAMI BEACH FL 33180

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

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 ☐ DELETE
NAME DOCKERY, FELIX
STREET ADDRESS 4770 NW 102 AVE #102
CITY-ST-ZIP MIAMI FL

1.1 TITLE VPD ☒ Change ☐ Addition
1.2 NAME Felix Dockery
1.3 STREET ADDRESS 4770 NW 102 Ave., #104
1.4 CITY-ST-ZIP Miami, FL 33178

TITLE VPD ☐ DELETE
NAME MAURA, ROY
STREET ADDRESS 4660 NW 102 AVE #102
CITY-ST-ZIP MIAMI FL

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME Roy Maura
2.3 STREET ADDRESS 4660 NW 102 Ave., #102
2.4 CITY-ST-ZIP Miami, FL 33178

TITLE P ☒ DELETE
NAME DOCKERY, PHLIX
STREET ADDRESS 4680 102ND AVE. #104
CITY-ST-ZIP MIAMI FL

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME Adnery Madonado
3.3 STREET ADDRESS 4660 NW 102 Ave. #104
3.4 CITY-ST-ZIP Miami, FL 33178

TITLE DT ☐ DELETE
NAME MALDONADO, ADNERY
STREET ADDRESS 4660 NW 102 AVE #201
CITY-ST-ZIP MIAMI FL

4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME Augusto De Avila
4.3 STREET ADDRESS 4660 NW 102 Ave. #201
4.4 CITY-ST-ZIP Miami, FL 33178

TITLE DS ☐ DELETE
NAME DE AVILA, AUGUSTO
STREET ADDRESS 4660 NW 102 AVE #201
CITY-ST-ZIP MIAMI FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0027888

CR2E037 (9/96)