

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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**

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/10/1989

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**

7. Is this nonprofit corporation a homeowners association?

☐

Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

**EISINGER, DENNIS, ESQ.
19495 BISCAYNE BLVD
SUITE 608
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

TITLE **VPD** ☒ DELETE

NAME **DOCKERY, FELIX**
STREET ADDRESS **4770 NW 102 AVE., #104**
CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☐ DELETE

NAME **MAURA, ROY**
STREET ADDRESS **4880 NW 102 AVE #102**
CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☐ DELETE

NAME **ADNERY MADONADO**
STREET ADDRESS **4880 NW 102 AVE., #104**
CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ DELETE

NAME **AUGUSTO DE AVILA**
STREET ADDRESS **4880 NW 102 AVE #201**
CITY-ST-ZIP **MIAMI FL**

TITLE **DS** ☐ DELETE

NAME **DE AVILA, AUGUSTO**
STREET ADDRESS **4880 NW 102 AVE #201**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SD
ADNERY MALDONADO
4660 NW 102 AVE Apt 104
MIAMI FL 33178**

14. 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 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 in an amendment with an address.

SIGNATURE  **Dennis Eisinger**
NAME AND TITLE OF REGISTERED AGENT **Dennis Eisinger, Esq.**
DATE **03/06/98**

CR2E037 (10/97)