FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N38555** **(1)**

1. Corporation Name

TOWNHOMES OF DORAL PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O CONTENITAL GROUP 12079 SW 131 AVENUE MIAMI FL 33186	C/O CONTENITAL GROUP 12079 SW 131 AVENUE MIAMI FL 33186

3. Date Incorporated or Qualified: 06/12/1990
3a. Date of Last Report: 03/02/1995
4. FEI Number: 65-0243857 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BUCHANAN & INGRESSOL P A
ATT: DENNIS EISINGER
19495 BISCAYNE BLVD STE 606
N MIAMI BCH FL 33180

10. Name and Address of New Registered Agent

81 Name: Phillip, Eisinger & Koss, PA
82 Street Address (P.O. Box Number is Not Acceptable): 4000 Hollywood Blvd., #265S
83: Att. Dennis Eisinger
84 City: Miami **FL** 85 Zip Code: 33021

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 _____ 3/18/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when nominating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BROOKE PETER		1.2 NAME		
STREET ADDRESS	10284 NW 44 TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	HOCKER, CHARLIE		2.2 NAME	HOCKER, CHARLIE	
STREET ADDRESS	10280 NW 46TH ST		2.3 STREET ADDRESS	10280 NW 46th ST	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI FL 33178	
TITLE	SD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DE LOS ROIS, MERCEDES		3.2 NAME		
STREET ADDRESS	4450 NW 102 CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	000001756900	☐ Change ☐ Addition
NAME	LORET, ISELA		4.2 NAME	-03/26/96--01032--027	
STREET ADDRESS	4500 NW 102ND CT		4.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	VPD	☒ Change ☐ Addition
NAME	BODDEN, RALPH		5.2 NAME	BODDEN, RALPH	
STREET ADDRESS	4511 NW 102 CRT		5.3 STREET ADDRESS	4511 NW 102 COURT	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	TRUJILLO, RODRIGO		6.2 NAME	MILLER, BRUCE	
STREET ADDRESS	10207 NW 44TH TERR		6.3 STREET ADDRESS	4640 NW 102 PLACE	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	MIAMI FL 33178	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: Peter M Brooke PETER M. BROOKE 3/9/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #