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Jan 31 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 # 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 33186-6475

3. Date Incorporated or Qualified: 06/12/1990
3a. Date of Last Report: 03/25/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

9. Name and Address of Current Registered Agent

PHILLIP, EISINGER & KOSS, PA
4000 HOLLYWOOD BLVD.,#265S
MIAMI FL 33021

10. Name and Address of New Registered Agent

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 _____ DATE
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	☐ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	HOCKER, CHARLIE		2.2 NAME		
STREET ADDRESS	10280 NW 46TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33178		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, BRUCE		3.2 NAME		
STREET ADDRESS	4640 NW 102 PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33178		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LORET, ISELA		4.2 NAME		
STREET ADDRESS	4500 NW 102ND CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BODDEN, RALPH		5.2 NAME		
STREET ADDRESS	4511 NW 102 CRT		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33178		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 on an attachment with an address.

SIGNATURE: X John M Brooke REQUIRED 1/17/97 (305) 444-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027908