FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State
04-21-1999 90107 046 ****61.25

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DOCUMENT # N38555

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/12/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0243857 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~PHILLIP, EISINGER & KOSS, PA~~ ~~4000 HOLLYWOOD BLVD., #265S~~ ~~MIAMI FL 33021~~	81 Name: Becker & Poliakoff, P.A. 82 Street Address (P.O. Box Number is Not Acceptable): 5201 Blue Lagoon Drive 83 Suite #100 84 City: Miami FL 85 Zip Code: 33126

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: DAVID H. ROGER 4/14/99
Signature of, & 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	1.1 TITLE	☐ Change ☐ Addition
NAME	ALMAGUER, ANGEL		1.2 NAME	
STREET ADDRESS	10280 NW 46 STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DE LOS RIOS, MERCEDES		2.2 NAME	
STREET ADDRESS	4490 NW 102 CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178		2.4 CITY-ST-ZIP	
TITLE	VPD	☐ 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 DE MOLA, ISELA		4.2 NAME	
STREET ADDRESS	4500 NW 102 CT		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HARRELL, FREDERICK K		5.2 NAME	
STREET ADDRESS	4470 NW 102 CT		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	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ Angel Almaguer 3/4/99 305-718-9745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)