

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90184 020 ****61.25

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DOCUMENT # N38555 1. Entity Name TOWNHOMES OF DORAL PLACE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business ALLIEDPROPERTYGROUP, INC. 13200S.W.128ST.#B2 MIAMI, FL 33186JS			Mailing Address ALLIEDPROPERTYGROUP, INC. 13200S.W.128ST.#B2 MIAMI, FL 33186JS		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04242006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 65-0243857	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DR STE 3100 MIAMI, FL 33126			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	PD	☐ Change ☒ Addition
NAME	PENA, VICENTE		NAME	Nestor Negron	
STREET ADDRESS	4455 NW 102 PL.		STREET ADDRESS	4610 NW 402 PL.	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	Doral FL 33178	
TITLE	VPD	☐ Delete	TITLE	VPD	☒ Change ☐ Addition
NAME	DE LOS RIOS, MERCEDES		NAME	Mercedes de los Rios	
STREET ADDRESS	4490 NW 102 CT		STREET ADDRESS	4490 NW 102 CT	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	Doral FL 33178	
TITLE	SD	☒ Delete	TITLE	TD	☐ Change ☒ Addition
NAME	MILLER, BRUCE		NAME	Luis F. Becerra	
STREET ADDRESS	4640 NW 102 PLACE		STREET ADDRESS	10207 NW 44 Terr.	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	Doral FL 33178	
TITLE	D	☐ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	BRITO, FRANK		NAME	Frank Brito	
STREET ADDRESS	10278 NW 44 TERR		STREET ADDRESS	10278 NW 44 Terr.	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	Doral FL 33178	
TITLE	T	☐ Delete	TITLE		
NAME	BECENA, LUIS F		NAME		
STREET ADDRESS	10207 N.W. 44 TERR.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/24/06 Daytime Phone #: 305 232 1579		