2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90222 007 ****61.25

DOCUMENT # N38555

1. Entity Name
TOWNHOMES OF DORAL PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ALLIED PROPERTY GROUP, INC. 12350 SW 132 CT. # 114 MIAMI, FL 33186 US	ALLIED PROPERTY GROUP, INC. 12350 SW 132 CT. # 114 MIAMI, FL 33186 US

01072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0243857 ☐ Applied For ☐ Not Applicable

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 Address change only	Name: Becker & Poliakoff, P.A. Street Address (P.O. Box Number is Not Acceptable): 121 Alhambra Plaza 10 Floor City: Coral Gables, FL Zip Code: 33134

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

Filing Fee is $61.25 Due by May 1, 2008 | 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NESTOR, NEGRON 4610 NW 102 PL MIAMI, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DE LOS RIOS, MECEDES 4490 NW 102 CT MIAMI, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BECERRA, LUIS F 10207 NW 44 TERR MIAMI, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MONTEAGUDO, ISELA 4500 NW 102 CT. MIAMI, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IMBRENDA, GIUSEPPE 4500 NW 102 PL. MIAMI, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Monteagudo Isela Monteagudo 5/28/08 305 477-2212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #