2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N38555

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

Current Principal Place of Business:

4600 N.W. 102 AVENUE
DORAL, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

% ALLIED PROPERTY GROUP, INC,%DANNY VARGAS
12350 S.W. 132 COURT
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-0243857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF PA
121 ALHABRA PLAZA
10TH FL
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NESTOR, NEGRON
Address: 4610 NW 102 PL
City-St-Zip: MIAMI, FL 33178

Title: VPD ( ) Delete
Name: DE LOS RIOS, MECEDES
Address: 4490 NW 102 CT
City-St-Zip: MIAMI, FL 33178

Title: S ( ) Delete
Name: BECERRA, LUIS F
Address: 10207 NW 44 TERR
City-St-Zip: MIAMI, FL 33178

Title: T (X) Delete
Name: MONTEAGUDO, ISELA
Address: 4500 NW 102 CT.
City-St-Zip: MIAMI, FL 33178

Title: D (X) Delete
Name: IMBRENDA, GIUSEPPE
Address: 4500 NW 102 PL.
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MONTEAGUDO, ISELA
Address: 4500 NW 102 COURT
City-St-Zip: MIAMI, FL 33178

Title: SD (X) Change ( ) Addition
Name: FRANKEL, PABLO
Address: 4601 NW 102 COURT
City-St-Zip: MIAMI, FL 33178

Title: TD (X) Change ( ) Addition
Name: DE LOS RIOS, MERCEDES
Address: 4490 NW 102 COURT
City-St-Zip: MIAMI, FL 33178

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISELA MONTEAGUDO PD 03/27/2009

Electronic Signature of Signing Officer or Director — Date