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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N96000001179

1. Corporation Name

HOMES OF DORAL LANDINGS COMMUNITY ASSOCIATION, I NC.

Principal Place of Business

760 NW 107TH AVENUE
SUITE 201
MIAMI FL 33172

Mailing Address

760 NW 107TH AVENUE
SUITE 201
MIAMI FL 33172



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
03/01/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0650897

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

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

KTG&S REGISTERED AGENT CORPORATION
100 S.E. SECOND STREET, SUITE 2800
MIAMI FL 33131

81 Name Robert Paige Esq
82 Street Address (P.O. Box Number is Not Acceptable) 11440 North Kendall Drive
83 Penthouse 400
84 City Miami, FL 33170 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 [Signature] 1-25-99

Signature, typed or printed name, 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
NAME EISENMAN, TOREY
STREET ADDRESS 760 NW 107TH AVENUE STE 201
CITY-ST-ZIP MIAMI FL 33172 DELETE

1.1 TITLE PD
1.2 NAME Patricia Sloan
1.3 STREET ADDRESS 760 NW 107 AVE #201
1.4 CITY-ST-ZIP Miami, FL 33172 Change Addition

TITLE VD
NAME RODRIGUEZ, ALEX
STREET ADDRESS 760 N.W. 107 AVE., #201
CITY-ST-ZIP MIAMI FL 33172 DELETE

2.1 TITLE VD
2.2 NAME Deanna Cruz
2.3 STREET ADDRESS 760 NW 107 AVE #201
2.4 CITY-ST-ZIP Miami, FL 33172 Change Addition

TITLE STD
NAME SANG, LAUREL LYEW
STREET ADDRESS 760 NW 107TH AVENUE, #201
CITY-ST-ZIP MIAMI FL 33172 DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP Change Addition

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99 305 559195
Date Daytime Phone #

CR2E037 (11/98)