## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 22, 2006 8:00 am Secretary of State 03-22-2006 90011 006 \*\*\*\*70.00

| DO | CI | INA  | FN | JT  | #    | N   | 96 | വ  | n | ገበ | 1 | 1   | 7 | a   |
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| -  |    | JIVI |    | u i | TT . | IV. | JU | uu |   |    |   | - 1 | , | . , |

1. Entity Name HOMES OF DORAL LANDINGS COMMUNITY

|                                      | EIATION, INC.  |   |                                |                                       |                           |                              |                                       |
|--------------------------------------|--|---|--------------------------------|---------------------------------------|---------------------------|------------------------------|---------------------------------------|
|                                      | lace of Business<br>ITAINBLEAU BLVD<br>33172                             | Mailing Address<br>275 FOUNTAINBLEAU BLVD<br>STE 200<br>MIAMI, FL 33172 |                                | 4,02                                  | •                         |                              |                                       |
| 3. Principa<br>OURT<br>Suite, A      | y Place of Business<br>Esy Property Mam<br>pr. #, etc.<br>50 Sw 135 Ane  | 3. Mailing Address  | perty Man                      | イナ・<br>02142006 Chg-N                 | iP CR2EG                  | 037 (11/05)                  |                                       |
| City & S                             | tate T/  | City & State Mig.m  | FI                             | 4. FEI Number<br>65-0650897           |                           |                              | oplied For                            |
| Zip                                  | Country<br>1-8-6 USA   |   | Country.                       | 5. Certificate of Status              | Desired X                 | \$8.75 Add                   | ot Applicable<br>ditional             |
| 22                                   | 6. Name and Address of Current I   | <u> </u>  | 1317                           | 7. Name and Address                   |                           | Fee Require                  | · · · · · · · · · · · · · · · · · · · |
| SKRLD.                               | INC  |   | Name                           |                                       |                           |                              |                                       |
| 201 ALF                              | IAMBRA CIRCLE, SUITE 1102<br>GABLES, FL 33134                            |   | Street Address (               | (P.O. Box Number is Not A             | Acceptable)               |                              | 1111                                  |
| 00.00                                | ONDEED, 1 E 00 104   |   |                                |                                       |                           |                              |                                       |
|                                      |  |   | City                           |                                       | FL                        | Zip Cod                      | 6                                     |
| 8. The abo                           | ove named entity submits this statement for gations of registered agent. | the purpose of changing its regis                                       | tered office or register       | ered agent, or both, in the           | State of Florida. I am    | familiar with,               | and accept                            |
| 1116 003                             | gations of registered agent.   |   |                                |                                       |                           |                              |                                       |
| SIGNATUR                             | E  | and title if applicable. (NOTE: Regis                                   | tered Agent signature required | d when reinstation)                   | DATE                      |                              |                                       |
|                                      | -  |   |                                |                                       |                           |                              | <del></del>                           |
|                                      | Filing Fee Is \$61.25<br>Due by May 1, 2006                              | 9. Election Campaig<br>Trust Fund Contrib                               |                                | \$5.00 May Be<br>Added to Fees        | Make chec<br>Florida Depa | k payable to<br>rtment of St |                                       |
| 10.                                  | OFFICERS AND DIR   |   |                                | ADDITIONS/CHANGES T                   | O OFFICERS AND D          |                              |                                       |
| TITLE NAME STREET ADDRES CITY+ST-ZIP | P<br>CAYON, JOAQUIN<br>275 FONTAINEBLEAU BLVD #20<br>MIAMI, FL 33172     | )O  | TREET ADDRESS 113              | IRRINO, Ed<br>572 MW S<br>RAL FI      | 52 Lan                    | Change                       | Addition                              |
| TITLE NAME STREET ADDRES CITY-S1-ZIP | T PUIG, LUIS 275 FONTAINBLEAU BLVD 200 MIAMI, FL 33172                   | ,   | itreet adoress 5 a             | UADO, JUAN<br>BAL FL                  | n Carlo                   | Change<br>  S<br>  A C E     | Addition                              |
| TITLE NAME STREET ADDRES CITY+ST-ZIP | SD<br>HAMM, MAGALY<br>275 FONTAINBLEAU BLVD #200<br>MIAMI, FL 33172      | ^   | TREET ADDRESS 53               | CIAS, LUIS                            | 5<br>13 PLAC<br>- 33      | Change                       | Addition                              |
| TITLE NAME STREET ADDRES CITY-ST-ZIP | VPD RODRIGUEZ, MICHAEL SS 275 FONTAINEBLEAU BLVD #20 MIAMI, FL 33172     | N S   | SINCE I ADDRESS 5              | JOSE<br>34 NW J                       | 13 PLAC                   | Change                       | Addition                              |
|                                      |  |   | TILE D                         | · · · · · · · · · · · · · · · · · · · |                           |                              | Addition                              |
| TITLE NAME STREET ADDRES CITY-ST-ZIP | 2VPD<br>PEREZ, LUIS<br>275 FONTAINEBLEAU BLVD #20<br>MIAMI, FL 33172     | N S   | IAME DEI                       | NNIS, AND<br>126 NW S<br>RAL          | dres E                    |                              | ?                                     |

indicated on this report is supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.