

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90028 023 ****61.25



DOCUMENT # N96000001179
 1. Entity Name
HOMES OF DORAL LANDINGS COMMUNITY ASSOCIATION, INC.

Principal Place of Business
8600 NW 17TH SUITE 145 MIAMI, FL 33126

Mailing Address
8600 NW 17TH SUITE 145 MIAMI, FL 33126

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01212008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
EISINGER, BROWN, LEWIS & FRANKEL, P.A.
4000 HOLLYWOOD BLVD
SUITE 265 SOUTH
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ITURRINO, EDWIN | |
| STREET ADDRESS | 11372 NW 52 LN | |
| CITY-ST-ZIP | DORAL, FL 33178 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | AGUADO, JUAN CARLOS | |
| STREET ADDRESS | 5232 NW 113 PLACE | |
| CITY-ST-ZIP | DORAL, FL 33178 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | DENNIS, ANDRES E | |
| STREET ADDRESS | 11326 NW 53 LN | |
| CITY-ST-ZIP | DORAL, DL 33178 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | COSTO, ADRIAN | |
| STREET ADDRESS | 1349 NW 50 TERR | |
| CITY-ST-ZIP | DORAL, FL 33178 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | VEROS, GUILLERMO | |
| STREET ADDRESS | 5377 NW 113 PL | |
| CITY-ST-ZIP | DORAL, FL 33178 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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]* **1/21/08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #