

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001710

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** SANDCASTLES AT DORAL HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

14275 SW 142 AVE.  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MIAMI MGMT INC  
14275 SW 142 AVE  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 65-0910202      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRIAIY, CARLOS A  
2301 NW 87 AVENUE  
501  
DORAL, FL 33172 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: P  
Name: SOSA, REINALDO  
Address: 14275 SW 142 AVENUE  
City-St-Zip: MIAMI, FL 33186

Title: T  
Name: TOBON, FERNANDO  
Address: 14275 SW 142 AVENUE  
City-St-Zip: MIAMI, FL 33186

Title: D  
Name: RODRIGUEZ, MANUEL  
Address: 14275 SW 142 AVENUE  
City-St-Zip: MIAMI, FL 33186

Title: S  
Name: PRATI, MARIA ELENA  
Address: 14275 SW 142 AVENUE  
City-St-Zip: MIAMI, FL 33186

Title: VP  
Name: LLORENS, CARMEN  
Address: 14275 SW 142 AVENUE  
City-St-Zip: MIAMI, FL 33186

I hereby 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 all other like empowered.

SIGNATURE: REINALDO SOSA

P

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date