

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90024 018 \*\*\*\*61.25

**DOCUMENT # N99000002117**

1. Entity Name

**VILLA DORAL MASTER HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

11030 NORTH KENDALL DRIVE SUITE 100  
 MIAMI FL 33176

Mailing Address

11030 NORTH KENDALL DRIVE SUITE 100  
 MIAMI FL 33176-1220

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0914975

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**VENTO, WILLIAM**  
 11030 NORTH KENDALL DRIVE SUITE 100  
 MIAMI FL 33176

7. Name and Address of New Registered Agent

Name **JESUS R. GONZALEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11936 SW 8TH STREET**  
 City **Miami** FL Zip Code **33184**

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.

SIGNATURE

*[Handwritten Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          | DP   | <input type="checkbox"/> Delete |
| NAME           | <b>VENTO, WILLIAM</b>                      |                                 |
| STREET ADDRESS | <b>11030 NORTH KENDALL DRIVE SUITE 100</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33176</b>                      |                                 |
| TITLE          | DS   | <input type="checkbox"/> Delete |
| NAME           | <b>AVILA, RIGOBERTO</b>                    |                                 |
| STREET ADDRESS | <b>11030 NORTH KENDALL DRIVE SUITE 100</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33176</b>                      |                                 |
| TITLE          | DT   | <input type="checkbox"/> Delete |
| NAME           | <b>VILLAR, GABRIEL</b>                     |                                 |
| STREET ADDRESS | <b>11030 NORTH KENDALL DRIVE SUITE 100</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33176</b>                      |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |
| 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 exemption stated in Section 119.07(3)(i), 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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/00

(305) 271-6997

Date

Daytime Phone #

CR2E037 (9/99)