


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90010 022 ****61.25

DOCUMENT # N99000002117			
1. Entity Name VILLA DORAL MASTER HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 4700 NW 114 AVE MIAMI, FL 33178 US		Mailing Address 2500 NW 97 AVE STE. 200 MIAMI, FL 33172 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

54054079

04282004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent EISINGER, DENNIS P.A. 4000 HOLLYWOOD BLVD STE 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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVAREZ, ANGEL		NAME	Zayas, Alfredo	
STREET ADDRESS	4724 NW 114 AVE UNIT 201		STREET ADDRESS	4720 NW 114 AVE, Apt 105,	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	Miami, FL 33178	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVAREZ, ANGEL		NAME	Garcia, Lilitana	
STREET ADDRESS	4724 NW 114 AVE, UNIT 201		STREET ADDRESS	4704 NW 114 AVE Apt. 204	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	Miami, FL 33178	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASILLIS, KENIA		NAME		
STREET ADDRESS	4720 NW 114 AVE UNIT 204		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, MARIA A		NAME		
STREET ADDRESS	4764 NW 44 AVE UNIT 204		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AQUILA, BIBIANA		NAME		
STREET ADDRESS	4768 NW 114 AVE UNIT 102		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  **4/29/04** **305-444-6757**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #