2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002117

FILED Jaņ 15, 2<u>00</u>9 Secretary of State

Entity Name: VILLA DORAL MASTER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2200 NW 102 AVE - STE. 5 MIAMI, FL 33172 US

Current Mailing Address: New Mailing Address:

2200 NW 102 AVE - STE. 5 MIAMI, FL 33172 US

FEI Number: 65-0914975 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ANDREW C. DEMOS, P.A 3350 S.W. 148 AVE - SUITE 110 MIRAMIR, FL 33027

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete BLUZMANIS, SILVIA BLUZMANIS, SILVIA Name: Name: 2200 NW 102 AVE # 5 Address: 4728 NW 114 AVENUE, #102 Address:

City-St-Zip: MIAMI, FL 33172 City-St-Zip: MIAMI, FL 33178

Title: Title: (X) Change () Addition () Delete

LOSTAUNAU, EDITH Name: ALFREDO, ANDRADE T Name:

Address: 2200 NW 102 AVE # 5 Address: 4744 NW 114 AVENUE, #104 City-St-Zip: MIAMI, FL 33172 City-St-Zip: MIAMI, FL 33178

Title: () Delete Title: (X) Change () Addition MONTOYA, ALBERTO TAVERAS, CARLA Name: Name:

2200 NW 102 AVE # 5 4768 NW 114 AVENUE, #105 Address: Address:

City-St-Zip: MIAMI, FL 33172 City-St-Zip: MIAMI, FL 33178

() Delete Title: Title: (X) Change () Addition GIL, MARIO Name: Name: PORRO, RICHARD R

2200 NW 102 AVE # 5 4748 NW 114 AVENUE, #104 Address: Address: City-St-Zip: MIAMI, FL 33172 City-St-Zip: MIAMI, FL 33178

Title: Title:

() Delete (X) Change () Addition MATOS-SANCHEZ, HAYTIR LOSTAUNAU, EDITH Name: Name: 4756 NW 114 AVENUE, #201 4708 NW 114 AVE #102 Address: Address:

MIAMI, FL 33178 City-St-Zip: DORAL, FL 33178 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SILVIA BLUZMANIS Ρ 01/15/2009