

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Nov 09, 2011**  
**Secretary of State**

DOCUMENT# N99000002117

**Entity Name:** VILLA DORAL MASTER HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

ANDREW C. DEMOS, P.A.  
3350 S.W. 148 AVE - SUITE 110  
MIRAMIR, FL 33027 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: ALVAREZ, ANGEL  
Address: 4724 NW 114 AVENUE, # 201  
City-St-Zip: MIAMI, FL 33178

Title: T  
Name: ALFREDO, ANDRADE T  
Address: 4744 NW 114 AVENUE, #104  
City-St-Zip: MIAMI, FL 33178

Title: D  
Name: CACABELOS, MARIA  
Address: 4720 NW 114 AVENUE, #103  
City-St-Zip: MIAMI, FL 33178

Title: S  
Name: PEREZ, RAUL  
Address: 4736 NW 114 AVENUE, #203  
City-St-Zip: MIAMI, FL 33178

Title: D  
Name: ZAYAS, ALFREDO  
Address: 4720 NW 114 AVENUE, #105  
City-St-Zip: MIAMI, FL 33178

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: ANGEL ALVAREZ

P

11/09/2011

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

\_\_\_\_\_  
Date