

DOCUMENT # N99000004814

1. Entity Name

VERANDA AT DORAL CONDOMINIUM NO. 1 ASSOCIATION.

FILED
May 19, 2000 8:00 am
Secretary of State

04-27-2000 90034 033 ****61.25

| | |
|--|---|
| 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 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
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| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip |
|--|--|

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|---|--|
| 4. FEI Number 65-0955280 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 P. 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 DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$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 NAME: VENTO, WILLIAM STREET ADDRESS: 11030 NORTH KENDALL DRIVE SUITE 100 CITY-ST-ZIP: MIAMI FL 33176 | <input checked="" type="checkbox"/> Delete |
| TITLE: DS NAME: AVILA, RIGOBERTO STREET ADDRESS: 11030 NORTH KENDALL DRIVE SUITE 100 CITY-ST-ZIP: MIAMI FL 33176 | <input checked="" type="checkbox"/> Delete |
| TITLE: DT NAME: VILLAR, GABRIEL STREET ADDRESS: 11030 NORTH KENDALL DRIVE SUITE 100 CITY-ST-ZIP: MIAMI FL 33176 | <input checked="" type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE: PD NAME: CARLOS PIZMENO STREET ADDRESS: 5200 N.W. 109TH AVENUE UNIT 103 CITY-ST-ZIP: MIAMI, FL. 33178 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: TD NAME: FELIPE SANTORO STREET ADDRESS: 5280 N.W. 109TH AVENUE UNIT 104 CITY-ST-ZIP: MIAMI, FL. 33178 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: SD NAME: LOURDES ABREU STREET ADDRESS: 5290 N.W. 109TH AVE. UNIT 103 CITY-ST-ZIP: MIAMI, FL. 33178 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: ANA DE PAULA STREET ADDRESS: 5200 N.W. 109TH AVE. UNIT 105 CITY-ST-ZIP: MIAMI, FL. 33178. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: D NAME: ORLANDO CORONEL STREET ADDRESS: 5200 N.W. 109TH AVE. UNIT 102 CITY-ST-ZIP: MIAMI, FL. 33178 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

CR2E037 (9/99)

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: SIGNATURE OF REGISTERED AGENT DATE: 4/19/2000 DAYTIME PHONE #: _____