

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

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

04-25-2000 90057 030 ****61.25

DOCUMENT # N99000005054

1. Entity Name

VERANDA AT DORAL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11030 NORTH KENDALL DRIVE
 SUITE 100
 MIAMI FL 33176

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

4. FEI Number

65-0983231

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **JESUS R. GONZALEZ**
 Street Address (P.O. Box Number is Not Acceptable) **11236 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	VENTO, WILLIAM	
STREET ADDRESS	11030 NORTH KENDALL DRIVE SUITE 100	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AVILA, RIGOBERTO	
STREET ADDRESS	11030 NORTH KENDALL DRIVE SUITE 100	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VILLAR, GABRIEL	
STREET ADDRESS	11030 NORTH KENDALL DRIVE SUITE 100	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/2000

CR2E037 (9/99)