


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90570 020 ****61.25

DOCUMENT # N99000005054 1. Entity Name VERANDA AT DORAL MASTER HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business C/O SPM, INC. 2500 NW 97 AVENUE, SUITE 200 MIAMI, FL 33172		Mailing Address C/O SPM, INC. 2500 NW 97 AVENUE, SUITE 200 MIAMI, FL 33172	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite/Apt. #, etc. City & State Zip	
C/O Guarantee Management 6925 NW 42nd Street Miami FL 33166-6820		03142005 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0983231 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES, FL 33134	
7. Name and Address of New Registered Agent Name: <u>Fein, Steven</u> Street Address: 900 South State Road 7 900 South State Road 7 City: <u>Plantation</u> FL Zip Code: <u>33317</u>		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: <u>Steven Fein</u> DATE: <u>4/18/05</u> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		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		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANUEL, JIMENEZ 5235 NW 112 AVE #103 MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ABREU, JORGE 5290 NW 109 AVE #103 MIAMI, FL 33178	<input type="checkbox"/> Delete	PD CEDENO, LUIS ARTURO 5220 NW 109TH AVE. #102 DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOREMAN, MELANIE 5250 NW 109 AVE #103 MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete	DIRECTOR ABREU, JORGE 5290 NW 109TH AVE. #103 DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MUÑOZ, CRISTINA 5290 NW 109TH AVE #102 DORAL, FL 33178	<input type="checkbox"/> Delete	VPD ARISTIZABAL, ANGEALA 5245 NW 112 Ave #103 DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIRALDO, GLORIA 5290 NW 109th Ave #105 DORAL, FL 33178	<input type="checkbox"/> Delete	TD MUÑOZ, CRISTINA 5290 NW 109TH AVE #102 DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIRALDO, GLORIA 5290 NW 109th Ave #105 DORAL, FL 33178	<input type="checkbox"/> Delete	SD GIRALDO, GLORIA 5290 NW 109th Ave #105 DORAL, FL 33178
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: <u>Luis Arturo Cedeno</u> - LUIS ARTURO CEDENO 04/27/05 (305) 477-7871		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	