2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT

DOCUMENT # N99000005054

1. Entity Name
VERANDA AT DORAL MASTER HOMEOWNERS
ASSOCIATION INC.



ASSOCIA	ATION, INC.						
Principal Place of Business C/O GUARANTEE MANAGEMENT 6925 NW 42ND ST MIAMI, FL 33166-6820		Mailing Address C/O GUARANTEE MANA 6925 NW 42ND ST MIAMI, FL 33166-682		ďΩυνν	-		
· · · · · · · · · · · · · · · · · · ·	3100-0020	MIAMI, 1E 33100-002	O				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252007 Ch	ig-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 65-098323	1	├	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add	
	6. Name and Address of Curren	t Registered Agent		7. Name and Add	ress of New Re	<u> </u>	
FEIN, STE	VEN		Name				
900 S SR			Street Ad	ddress (P.O. Box Number is N	Not Acceptable))	
			City			₽ ∎ Zip Cod	<u> </u>
						<u> </u>	
	enamed entity submits this statement fi tions of registered agent.	for the purpose of changing its	registered office or r	registered agent, or both, in	the State of Flor	rida. I am familiar with,	and accept
ino oonga	nond or rogistored agent.						
CICNIATURE							
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTI	E. Registered Agent signature	re required when reinstating)		DATE	
SIGNATURE	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2007	<u> </u>	mpaign Financing	\$5.00 May Be Added to Fees		DATE ake check payable to da Department of S	
10.	Filing Fee is \$61.25	9. Election Car Trust Fund C	mpaign Financing	\$5.00 May Be Added to Fees	Florid	ake check payable t	tate
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Car Trust Fund C	mpaign Financing Contribution. [\$5.00 May Be Added to Fees	Florid	ake check payable t da Department of S	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 a other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ENO 04/15/07 786-1713

FILED

Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90414 023 ****61.25