

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005054

FILED
Apr 10, 2009
Secretary of State

Entity Name: VERANDA AT DORAL MASTER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O FOUR POINTS PROPERTY MANAGEMENT
790 WEST 20TH ST.
HIALEAH, FL 33010

New Principal Place of Business:

FOUR POINTS PROPERTY MANAGEMENT
790 WEST 20TH ST.
HIALEAH, FL 33010

Current Mailing Address:

C/O FOUR POINTS PROPERTY MANAGEMENT
790 WEST 20TH ST.
HIALEAH, FL 33010

New Mailing Address:

FOUR POINTS PROPERTY MANAGEMENT
790 WEST 20TH ST.
HIALEAH, FL 33010

FEI Number: 65-0983231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEIN, STEVEN
900 S SR 7
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

FOUR POINTS PROPERTY MANAGEMENT, INC.
790 WEST 20TH STREET
HIALEAH, FL 33010 US

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: FOUR POINTS PROPERTY MANAGEMENT, INC.

04/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CEDENO, LUIS A
Address: 5220 NW 109TH AVE, #102
City-St-Zip: DORAL, FL 33178

Title: VP () Delete
Name: ORTEGA, AMALIA
Address: 5275 NW 112 AVE 7
City-St-Zip: MIAMI, FL 33178

Title: TD () Delete
Name: AGUIAR, DAYAMI
Address: 5230 NW 109TH AVE #3
City-St-Zip: DORAL, FL 33178

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: AGUIAR, DAYAMI
Address: 5230 NW 109TH AVENUE #3
City-St-Zip: DORAL, FL 33178

Title: TD (X) Change () Addition
Name: MASSESVALERA, GEORGINA
Address: 5250 NW 109 AVENUE, # 106
City-St-Zip: DORAL, FL 33178

Title: SD () Change (X) Addition
Name: DAVILA, JOSE
Address: 5245 NW 112 AVENUE, #103
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GEORGINA MASSESVALERA

TD

04/10/2009

Electronic Signature of Signing Officer or Director

Date