

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24085 (5)

1. Corporation Name

**DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 6
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

12079 SW 131 AVE
MIAMI FL 33186

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MIAMI FL 33186

3. Date Incorporated or Qualified

12/21/1987

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 **GUARANTEE MANAGEMENT SERV.**

26 **GUARANTEE MANAGEMENT SERV.**

4. FEI Number

65-0052664

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **111 FONTAINEBLEAU BLVD.**

27 **111 FONTAINEBLEAU BLVD.**

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 **MIAMI, FLORIDA**

28 **MIAMI, FLORIDA**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 **33172**

25 **USA**

29 **33172**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EISINGER, DENNIS
19495 BISCAYNE BLVD.
STE 606
N. MIAMI BCH. FL 33180**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **TD**
STREET ADDRESS **SABO, SANDRA**
CITY-ST-ZIP **4630 NW 102ND AVE, #105**
MIAMI FL

11 TITLE ☐ Change ☒ Addition
12 NAME **P/D**
13 STREET ADDRESS **JENNY ESTRYPEAUT**
14 CITY-ST-ZIP **4630 NW 102 AVE, 104**
MIAMI, FL 33178

TITLE ☒ DELETE
NAME **DV**
STREET ADDRESS **VALDEREE, INES**
CITY-ST-ZIP **4630 NW 102 AVE, #205**
MIAMI FL

21 TITLE ☐ Change ☒ Addition
22 NAME **VP/D**
23 STREET ADDRESS **VERN SURETTE**
24 CITY-ST-ZIP **4630 NW 102 AVE, 205**
MIAMI, FL

TITLE ☒ DELETE
NAME **PDS**
STREET ADDRESS **HORGAN, DAN**
CITY-ST-ZIP **4630 NW 102 AVE., #208**
MIAMI FL

31 TITLE ☐ Change ☒ Addition
32 NAME **T/D/S**
33 STREET ADDRESS **JOSE A. SOLIS**
34 CITY-ST-ZIP **4630 NW 102 AVE, 107**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jose A. Solis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE A. SOLIS

Date

Daytime Phone #

CR2E037 (12/95)