


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001178 (0)
 Corporation Name
DORAL LANDINGS TOWNHOMES ASSOCIATION, INC.

Principal Place of Business 760 NW 107 AVE STE. 201 MIAMI, FL 33172	Mailing Address 760 NW 107 AVE STE. 201 MIAMI, FL 33172
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 3/01/1996	
4. FEI Number 59-3367201	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SOUTH FLORIDA RESIDENT AGENTS, INC.
200 S. BISCAYNE BLVD., STE. 4750
MIAMI, FL 33131

10. Name and Address of New Registered Agent
81 Name **KTB & S Registered Agent Corp.**
82 Street Address (P.O. Box Number is Not Acceptable) **200 S. BISCAYNE BLVD., STE. 4750**
83 **ONE INTERNATIONAL PLACE**
84 City **SUITE 2800**
MIAMI **FL** **85 Zip Code** **33131**

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 **VALERIE JAHN GRANDIN, ESQ.** **President** **3/30/98**

12. OFFICERS AND DIRECTORS

TITLE P/D <input type="checkbox"/> DELETE NAME EISENMAN, TOREY STREET ADDRESS 760 NW 107 AVE, STE 201 CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> DELETE
TITLE V/D <input checked="" type="checkbox"/> DELETE NAME HUTSON, ROBERT T. II STREET ADDRESS 760 NW 107 AVE, STE 201 CITY-ST-ZIP MIAMI, FL 33172	<input checked="" type="checkbox"/> DELETE
TITLE S/T/D <input checked="" type="checkbox"/> DELETE NAME GEARY, DENISE STREET ADDRESS 760 NW 107 AVE, STE 201 CITY-ST-ZIP MIAMI, FL 33172	<input checked="" type="checkbox"/> DELETE
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME RODRIGUEZ, ALEX 2.3 STREET ADDRESS 760 NW 107 AVE, STE 201 2.4 CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME LYEW SANG, LAUREL J. 3.3 STREET ADDRESS 760 NW 107 AVE, STE 201 3.4 CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: **3/30**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)