

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90271 011 ****61.25

0034119

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1. Corporation Name

DORAL LANDINGS TOWNHOMES ASSOCIATION, INC.

451898 - 90271 - 11

Principal Place of Business

760 NW 107TH AVENUE STE 201
MIAMI FL 33172

Mailing Address

760 NW 107TH AVENUE STE 201
MIAMI FL 33172



2. Principal Place of Business

21 LAND CAP PROPERTY SERV.

2a. Mailing Address

26 13800 SW 144 Ave Rd

3. Date Incorporated or Qualified

03/01/1996

Suite, Apt. #, etc.

22 13800 SW 144 Ave Rd

Suite, Apt. #, etc.

4. FEI Number

59-3367201

Applied For

Not Applicable

City & State

23 Mia FL

City & State

28 Mia FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

24 33186 25

Zip Country

29 33186 30

6. Election Campaign Financing ☐
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 S.E. SECOND STREET, SUITE 2800
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name LAND CAP PROPERTY SERVICES
82 Street Address (P.O. Box Number is Not Acceptable)
STEPHEN SUITS
83 13800 SW 144 Ave Rd
84 City Miami FL 85 Zip Code 33186

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

TITLE PD
NAME EISENMAN, TOREY
STREET ADDRESS 760 NW 107TH AVENUE STE 201
CITY-ST-ZIP MIAMI FL 33172

☐ DELETE

TITLE VD
NAME RODRIGUEZ, ALEX
STREET ADDRESS 760 NW 107TH AVENUE STE 201
CITY-ST-ZIP MIAMI FL 33172

☐ DELETE

TITLE STD
NAME LYEW SANG, LAUREL J
STREET ADDRESS 760 NW 107TH AVENUE STE 201
CITY-ST-ZIP MIAMI FL 33172

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)