
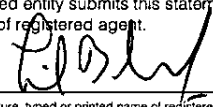


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90041 021 ****61.25

DOCUMENT # N24085 1. Entity Name DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 6 ASSOCIATION, INC.					
Principal Place of Business C/O MJB MANAGEMENT SERVICES, INC 17250 NE 19TH AVENUE N. MIAMI BEACH, FL 33162 US				Mailing Address C/O MJB MANAGEMENT SERVICES, INC 17250 NE 19TH AVENUE N. MIAMI BEACH, FL 33162 US	
2. Principal Place of Business 2500 N.W. 97 Ave Suite, Apt. #, etc. Suite 200 City & State Miami, Florida Zip 33172 Country USA		3. Mailing Address 2500 N.W. 97 Ave Suite, Apt. #, etc. Suite 200 City & State Miami FL Zip 33172 Country USA		94016180 01232004 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0052664				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MJB MANAGEMENT SERVICES, INC 17250 NW 19TH AVE NORTH MIAMI BEACH, FL 33162	
7. Name and Address of New Registered Agent Name S.P.M. Group INC. Street Address (P.O. Box Number is Not Acceptable) 2500 N.W. 97 Ave Suite 200 City Miami FL Zip Code 33172				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 2/09/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMERO, GLADYS 4630 NW 102 AVE #207 MIAMI, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Villages, Jorge 4630 N.W. 102 Ave #205 Miami, FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAVEL, MARIA 4630 NW 102 AVE APT #103 MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VILORIA, YOLIGERE 4630 NW 102 AVE #105 MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Largaespich, Dimitri 4630 N.W. 102 Ave #105 MIAMI, FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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 all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					