

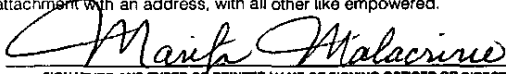


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90044 010 ****61.25

DOCUMENT # N96000001178 1. Entity Name DORAL LANDINGS TOWNHOMES ASSOCIATION, INC.					
Principal Place of Business LAND CAP PROP. SERV. 13800 SW 144 AVE. RD. MIAMI, FL 33186			Mailing Address 13800 SW 144 AVE. RD. MIAMI, FL 33186		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		54019891 	
City & State		City & State		01152004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3367201	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LAND CAP PROPERTY SERVICES STEPHEN SWITS 13800 SW 144 AVE. RD. MIAMI, FL 33186			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROLAND, SANGUINO 11608 NW 51 TERR MIAMI, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Susan Kooy 5073 NW 114 CT Miami, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMAREST, WILLIAM 11491 NW 51 TERRACE MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Malacrino, Maritza 5134 NW 114 CT Miami, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUIZ, ALBERTO 5141 NW 114 CT. MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Demarest, William 11491 NW 51 Terrace Miami, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROMAN, NEVILLE 5085 NW 114 PATH MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Roman, Neville 5085 NW 114 Path Miami, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARANZINO, MARCO 11469 NW 51 LANE MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: 				Date 3/12/04 Daytime Phone #	