


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90113 043 \*\*\*\*61.25

<b>DOCUMENT # N23100</b> 1. Entity Name <b>VILLAGE OF DORAL DUNES ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O MIAMI MANAGEMENT, INC.</b> <b>14275 SW 142 AVE</b> <b>MIAMI, FL 33186</b>			Mailing Address <b>C/O MIAMI MANAGEMENT, INC.</b> <b>14275 SW 142 AVE</b> <b>MIAMI, FL 33186</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>66-0052606</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>TRIAY, CARLOS A</b> <b>10570 N.W. 27 STREET, #103</b> <b>MIAMI, FL 33172</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD KOPIKAK, FRANK		TITLE	VP/D	
NAME	10345 WN 46 STREET		NAME	Menendez, Algedo	
STREET ADDRESS	MIAMI, FL		STREET ADDRESS	10375 NW 43 TERR 33178	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V/D		TITLE		
NAME	VICEDOMINI, FRED		NAME		
STREET ADDRESS	10382 NW 46 TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	REMBERTO, JUNGUERA		NAME		
STREET ADDRESS	4665 NW 104 AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE	DT		TITLE	T/D	
NAME	TELLECHEA, GABRIEL		NAME	Berensblum, alberto	
STREET ADDRESS	10362 NW 46 TERRACE		STREET ADDRESS	4792 NW 103 ST 33178	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	D		TITLE	S/D	
NAME	GARCIA, JOSE		NAME	GARCIA, JOSE	
STREET ADDRESS	4748 NW 103 CT		STREET ADDRESS	4748 NW 103 CT	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D		TITLE	A	
NAME	CESAR, LUIS		NAME	ALVAREZ, RAFAEL	
STREET ADDRESS	10430 NW 48 ST		STREET ADDRESS	10430 NW 48 Street	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	33178	
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.					
<b>SIGNATURE:</b> _____ <span style="float: right;">3/16/05</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					