

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90056 019 \*\*\*\*61.25

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<b>DOCUMENT # N23100</b> 1. Entity Name VILLAGE OF DORAL DUNES ASSOCIATION, INC.			
Principal Place of Business C/O MIAMI MANAGEMENT, INC. 14275 SW 142 AVE MIAMI, FL 33186		Mailing Address C/O MIAMI MANAGEMENT, INC. 14275 SW 142 AVE MIAMI, FL 33186	
2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc. <b>12350 S.W. 132 CT.</b>		3. Mailing Address Suite <b>12350 S.W. 132 CT.</b>	
City & State <b>SUITE 114</b>		City & State <b>SUITE 114</b>	
Zip <b>MIAMI, FL 33186</b>		Zip <b>MIAMI, FL 33186</b>	
4. FEI Number <b>66-0052606</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  TRIAY, CARLOS A 10570 N.W. 27 STREET, #103 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name <b>Gazitua Letelier</b> Street Address (P.O. Box Number is Not Acceptable) <b>2801 NW 74 Ave. Ste. 217</b> City <b>Miami</b> FL <b>33122</b>	
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 <b>Gazitua Letelier</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		DATE <b>1/20/07</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENEDEZ, ALFRED 10375 NW 43 TERR MIAMI, FL 33178	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ALVAREZ, RAFAEL 10485 NW 48 ST MIAMI, FL 33178	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REMBERTO, JUNGUERA 4665 NW 104 AVE. MIAMI, FL 33178	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D BERENBLUM, ALBERTO 4792 NW 103 MIAMI, FL 33178	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D GARCIA, JOSE 4748 NW 103 CT MIAMI, FL 33178	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
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"/> Change <input type="checkbox"/> Addition		
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"/> 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 exemptions contained in Chapter 119, 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 registered 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: <b>X</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1-20-07</b> Daytime Phone #	