

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90246 024 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3367201**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAND CAP PROPERTY SERVICES  
STEPHEN SWITS  
13800 SW 144 AVE. RD.  
MIAMI FL 33186**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MALACRINO, MARITZA</b>	
STREET ADDRESS	<b>5134 NW 115 COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>DEMAREST, WILLIAM</b>	
STREET ADDRESS	<b>11491 NW 51 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DUANY, RAUL</b>	
STREET ADDRESS	<b>11613 NW 51 LANE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DELGADO, ROXANNA</b>	
STREET ADDRESS	<b>5092 NW 116 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SIFUENTES, ISABEL</b>	
STREET ADDRESS	<b>5122 NW 114 COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sanguino, Roland</b>	
STREET ADDRESS	<b>11608 NW 51 TERR</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33178</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Demarest, William</b>	
STREET ADDRESS	<b>11491 NW 51 TERR</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33178</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RUIZ, ALBERTO</b>	
STREET ADDRESS	<b>5141 NW 114 CT</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33178</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Roman, Neville</b>	
STREET ADDRESS	<b>5085 NW 114 PATH</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33178</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Paranzino, Marco</b>	
STREET ADDRESS	<b>11469 NW 51 LANE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33178</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**STATE REQUIRED**

Date

Daytime Phone #

**1/14/03 (305)8013302**

CR2E037 (10/02)