

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000005861

**FILED**  
**Jan 17, 2018**  
**Secretary of State**  
**CC4785193024**

**Entity Name:** CONCERNED CITIZENS OF DORAL PARK, INC.

**Current Principal Place of Business:**

800 BRICKELL AVENUE  
SUITE 1500  
MIAMI, FL 33131

**Current Mailing Address:**

800 BRICKELL AVENUE  
SUITE 1500  
MIAMI, FL 33131 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

EATON, DOUGLAS ESQ.  
C/O EATON & WOLK, PA, 2 S. BISCAYNE BLVD.  
SUITE 3100  
MIAMI, FL 33131 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name BROOKE, PETER M  
Address 10284 NW 44TH TERRACE  
City-State-Zip: DORAL FL 33178

Title D  
Name PARSONS, NORMAN  
Address 10126 NW 51ST STREET  
City-State-Zip: DORAL FL 33178

Title D  
Name IGLESIAS, DAVID  
Address 5440 NW 104TH COURT  
City-State-Zip: DORAL FL 33178

Title D  
Name PENA-HAMEL, VICENTE  
Address 4455 NW 102ND PLACE  
City-State-Zip: DORAL FL 33178

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PETER M BROOKE**

**DIRECTOR**

**01/17/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date