FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:20

DOCUMENT # 737091 (9)

1. Corporation Name

DORA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O WOODS MGT. 2740 WEST 5TH AVE. HIALEAH FL 33010	C/O WOODS MGT. 2740 WEST 5TH AVE. HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1976
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-1795346 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SCHENK, HAROLD
WOODS MGT. CORP. OF FLA.
2740 W 5 AVENUE
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LANGEVIN, JOHN	1.2 NAME	
STREET ADDRESS	8425 HARDING AVE. #3	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	CEBALLOS, GRACE	2.2 NAME	
STREET ADDRESS	8425 HARDING AVE. #9	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	SEARLE, PEARL	3.2 NAME	
STREET ADDRESS	8425 HARDING AVE #7	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: PEARL P. SEARLE JAN 14 1305 868.6243
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0005100

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 26, 1995

DORA CONDOMINIUM ASSOCIATION, INC.
C/O WOODS MGT.
2740 WEST 5TH AVE.
HIALEAH, FL 33010

SUBJECT: DORA CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 737091

We have received your check(s) totaling $130.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Leslie Sellers
ANNUAL REPORTS Section

Letter number: 195A00003436

1/26/95 CORPORATE DETAIL R CREEN 12:24 AM
NUM: 737091 ST:FL ACTIVE/FL NON-PROF FLD: 10/21/1976
FEI#: 59-1795346
NAME : DORA CONDOMINIUM ASSOCIATION, INC.
PRINCIPAL: C/O WOODS MGT.
ADDRESS 2740 WEST 5TH AVE.
HIALEAH, FL 33010
CHANGED: 03/24/92
RA NAME : SCHENK, HAROLD
RA ADDR : WOODS MGT. CORP. OF FLA.
2740 W 5 AVENUE
HIALEAH, FL 33010
NAME CHG: 02/25/88
ADDR CHG: 03/24/92
ANN REP : (1992) BN 03/24/92 (1993) BN 03/29/93 (1994) BN 02/23/94

1/26/95 OFFICER/DIRECTOR DETAIL SCREEN 12:25 AM
CORP NUMBER: 737091 CORP NAME: DORA CONDOMINIUM ASSOCIATION, INC.
TITLE: PD NAME: LANGEVIN, JOHN
8425 HARDING AVE. #3
MIAMI BEACH FL,
TITLE: STD NAME: CEBALLOS, GRACE
8425 HARDING AVE. #9
MIAMI BEACH FL,
TITLE: VD NAME: SEARLE, PEARL
8425 HARDING AVE #7
MIAMI BCH, FL