

FILE-NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762284
 1. Corporation Name
Doral Colony Homeowners Assn., Inc.

Principal Place of Business Mailing Address
c/o The Continental Group, Inc.
12079 SW 131 Avenue
Miami, Florida 33186

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt #, etc	26 Suite, Apt #, etc	4. FEI Number 59-2245305	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent Hyman and Kaplan, P.A. 14th Floor Courthouse Tower 44 West Flagler Street Miami, Florida 33130	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P O Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508 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 617.0503 Florida Statutes.

SIGNATURE *[Signature]* DATE **4/14/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Jesse	1.2 NAME	
STREET ADDRESS	5117 NW 93 Doral Way	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33178	1.4 CITY-ST-ZIP	
TITLE	VP/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Slack, Ted	2.2 NAME	
STREET ADDRESS	9332 NW 48 Doral Terrace	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33178	2.4 CITY-ST-ZIP	
TITLE	S/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Koren, Donald	3.2 NAME	
STREET ADDRESS	9311 NW 50 Doral Circle North	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33178	3.4 CITY-ST-ZIP	
TITLE	T/D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baron, John	4.2 NAME	
STREET ADDRESS	9339 NW 50 Doral Circle South	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33178	4.4 CITY-ST-ZIP	
TITLE	D/ <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lewis, Brenda	5.2 NAME	
STREET ADDRESS	9316 NW 50 Doral Circle North	5.3 STREET ADDRESS	400001786784
CITY-ST-ZIP	Miami, Fl. 33178	5.4 CITY-ST-ZIP	-04/19/96--01019--017
TITLE	D/ <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jaslow, Al	6.2 NAME	
STREET ADDRESS	9313 NW 48 Doral Terrace	6.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33178	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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E037 (12/95)