

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 MAY -1 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 762284

1. Corporation Name

DORAL COLONY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O The Continental Group, Inc.  
12079 SW 131 Avenue  
Miami, FL 33186

3. Date Incorporated or Qualified  
March 3, 1982

3a. Date of Last Report  
1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-2245305

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name  
Hyman & Kaplan, P.A.  
82 Street Address (P.O. Box Number is Not Acceptable)  
150 West Flagler Street  
83  
Museum Tower - Suite 2701  
84 City  
Miami FL 85 Zip Code  
33130

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, JESSE	
STREET ADDRESS	5117 NW 93 Doral Way	
CITY-ST-ZIP	Miami, FL 33178	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SLACK, TED	
STREET ADDRESS	9332 NW 48 Doral Terrace	
CITY-ST-ZIP	Miami, FL 33178	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KOREN, DONALD R.	
STREET ADDRESS	9311 NW 50 Doral Cir South	
CITY-ST-ZIP	Miami, FL 33178	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEWIS, BRENDA	
STREET ADDRESS	9316 NW 50 Doral Cir N	
CITY-ST-ZIP	Miami, FL 33178	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JASLOW, AL	
STREET ADDRESS	9313 NW 48 Doral Terrace	
CITY-ST-ZIP	Miami, FL 33178	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SARASOHN, SY	
STREET ADDRESS	5031 NW 93 Doral Cir E.	
CITY-ST-ZIP	Miami, FL 33178	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARON, JOHN	
1.3 STREET ADDRESS	9339 NW 50 Doral Cir South	
1.4 CITY-ST-ZIP	Miami, FL 33178	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

100002173491  
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\*\*\*\*\*61.25 \*\*\*\*\*61.25

14. I do 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 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]* / Pres. 4-10-97  
Date: 4-10-97  
Daytime Phone: *[Signature]*

CR2E037 (9/96)