

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

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 762284 (8)**

1. Corporation Name  
**DORAL COLONY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>C/O THE CONTINENTAL GROUP 12079 SW 131 AVE MIAMI FL 33186</b>	Mailing Address <b>C/O THE CONTINENTAL GROUP 12079 SW 131 AVE MIAMI FL 33186</b>
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3. Date Incorporated or Qualified <b>03/03/1982</b>
4. FEI Number <b>59-2245305</b>
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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

**9. Name and Address of Current Registered Agent**

**HYMAN AND KAPLAN, P.A.  
150 W FLAGLER STREET  
MUSEUM TOWER-SUITE 2701  
MIAMI FL 33130**

**10. Name and Address of New Registered Agent**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES JESSE A.	
STREET ADDRESS	5117 NW 93 DORAL WAY	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KOREN, DONALD	
STREET ADDRESS	9311 NW. 50 DORAL CIR.N.	
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	VPD	<input type="checkbox"/> DELETE
NAME	SLACK, TED	
STREET ADDRESS	9332 NW 48 DORAL TER	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SARASOHN, SY	
STREET ADDRESS	5031 NW 93 DORAL CIRCLE E	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JASLOW, AL	
STREET ADDRESS	9313 NW 48TH DORAL TERRACE	
CITY-ST-ZIP	MIAMI FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>D Lewis, Brenda</i>
3.3 STREET ADDRESS	<i>9316 NW 50 Doral Cir N</i>
3.4 CITY-ST-ZIP	<i>Miami, FL 33178</i>
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 checked="" type="checkbox"/> Addition
5.2 NAME	<i>TD Baron, John</i>
5.3 STREET ADDRESS	<i>9339 NW 50 Doral Circle S.</i>
5.4 CITY-ST-ZIP	<i>Miami FL 33178</i>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *John A. Sarsohn* 1-20-98

CR2E037 (10/97)