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Secretary of State

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• NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762284

1. Corporation Name
DORAL COLONY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business C/O THE CONTINENTAL GROUP 12079 SW 131 AVE MIAMI FL 33186	Mailing Address C/O THE CONTINENTAL GROUP 12079 SW 131 AVE MIAMI FL 33186
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/03/1982
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2245305
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

81. Name
SKRLD, Inc

82. Street Address (P.O. Box Number is Not Acceptable)
257 Alhambra Circle

83. # **1102**

84. City
Doral Gables FL

85. Zip Code
33134

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 *X* **SKRLD, Inc** by **Lisa A. Lerner** *Lerner* Secretary **1/20/99**
Signature, typed or printed name of registered agent and title if applicable. (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	D	<input type="checkbox"/> DELETE
NAME	LEWIS, BRENDA	
STREET ADDRESS	9316 NW 50 DORAL CIR N	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SLACK, TED	
STREET ADDRESS	9332 NW 48 DORAL TER	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARON, JOHN	
STREET ADDRESS	9339 NW 50TH DORAL CIR S	
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	Jesse A. Jones
1.3 STREET ADDRESS	5117 NW 93 DORAL WAY
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 checked="" type="checkbox"/> Addition
4.2 NAME	John McLaughlin
4.3 STREET ADDRESS	4961 NW 93 Doral Cir. E
4.4 CITY-ST-ZIP	Miami, FL 33178
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	

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, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* **2/1/99** **305-836-6113**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)