

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90151 007 ****61.25

DOCUMENT # 762284

1. Entity Name

DORAL COLONY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O GUARANTEE MGMT SERVICES
 111 FONTAINBLEAU BLVD
 MIAMI FL 33172

111 FONTAINBLEAU BLVD
 MIAMI FL 33172

110594



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2245305

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKRID INC.
201 ALHAMBRA CIRCLE
STE 1102
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not-Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD JONES JESSE A.	<input type="checkbox"/> Delete
STREET ADDRESS	5117 NW 93 DORAL WAY	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE NAME	SD KOREN, DONALD	<input type="checkbox"/> Delete
STREET ADDRESS	9311 NW. 50 DORAL CIR.N.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE NAME	DV LEWIS, BRENDA	<input type="checkbox"/> Delete
STREET ADDRESS	9316 NW 50 DORAL CIR N	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE NAME	VPD MCLAUGHLIN, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	4961 NW 93RD CIRCLE E	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE NAME	TD RILEY, NINFA	<input type="checkbox"/> Delete
STREET ADDRESS	5071 NW 93 DORAL CIR E	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE NAME	DV JASLOW, AL	<input type="checkbox"/> Delete
STREET ADDRESS	9313 NW 48TH DORAL TERRACE	
CITY-ST-ZIP	MIAMI FL	

TITLE NAME	DV EWING THOMAS A.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9352 NW 48 DORAL TERR.	
CITY-ST-ZIP	MIAMI FLA. 33178	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] 1-25-01 305 836-615

CRP5037 (10/00)