

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:07

DOCUMENT # H03107

(0)

1. Corporation Name

DORAL HOME OWNERS, INC.

Principal Place of Business

29250 U.S. HIGHWAY 19 NORTH
#161
CLEARWATER FL 34621

Mailing Address

29250 U.S. HIGHWAY 19 NORTH
#161
CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 05/11/1984	3a. Date of Last Report 03/08/1994
4. FEI Number 59-2506014	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEARCE, B.J.
29250 U.S. HIGHWAY 19 NORTH
#555
CLEARWATER FL 34621

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GAGANIS, PETER	1.2 NAME	
STREET ADDRESS	29250 US 19 NO #130	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	☒ Change ☐ Addition
NAME	PAULSON, ROBERT	2.2 NAME	
STREET ADDRESS	29250 US 19 NO #417	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	CROWE, ALBERTA B.	3.2 NAME	
STREET ADDRESS	29250 US 19 N #161	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	3.4 CITY - ST - ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, JIM	4.2 NAME	
STREET ADDRESS	29250 US 19 N #125	4.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SKOLNICK, JOYCE	5.2 NAME	
STREET ADDRESS	29250 US 19 N #478	5.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	STALLER, HERBERT	6.2 NAME	
STREET ADDRESS	29250 US 19 N #430	6.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	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 110.07(3)(k), Florida Statutes. I further certify that the information indicated in 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/95 813-784-4516