2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003239

FILED Mar 11, 2009 Secretary of State

Entity Name: DIMENSIONS AT DORAL HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

13250 SW 135TH AVENUE CIO COURTESY PROPERTY MANAGEMENT MIAMI, FL 33186

13250 SW 135 AVENUE MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

13250 SW 135TH AVENUE CIO COURTESY PROPERTY MANAGEMENT

MIAMI, FL 33186 13250 SW 135 AVENUE MIAMI, FL 33186

FEI Number: 65-1021943 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SKRLD, INC 201 ALHAMBRA CIRCLE STE. 1102 CORAL GABLES, FL 33134 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete VPD (X) Change () Addition LAVINA, MARGIE LAVINA, MARGIE MS Name: Name:

4806 NW 114 CT Address: 4806 NW 114 COURT Address: City-St-Zip: DORAL, FL 33178 City-St-Zip: **DORAL, FL 33178 US**

Title: S/D () Delete Title: (X) Change () Addition

ALVAREZ, EMILIO Name: ALVAREZ, EMILIO MR Name: Address: 11625 NW 48 LANE Address: 11625 NW 48 LANE City-St-Zip: DORAL, FL 33178 City-St-Zip: DORAL, FL 33178 US

Title: () Delete Title: SD (X) Change () Addition

HOELSHER, MATT HOELSCHER, MATT MR Name: Name: 4856 NW 116 COURT Address: 4856 NW 116 CT Address: City-St-Zip: DORAL, FL 33178 City-St-Zip: **DORAL, FL 33178 US**

Title: () Delete Title: TD (X) Change () Addition

COULDEN, CHRISTINE Name: Name: HERRERO, CARLOS MR 11631 NW 48 LANE 11474 NW 48 TERRACE Address: Address: City-St-Zip: DORAL, FL 33178 City-St-Zip: DORAL, FL 33178 US

Title: () Delete Title: () Change (X) Addition

MANACH, PIA MS Name: Name: 4880 NW 116 COURT Address: Address: DORAL, FL 33178 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGIE LAVINA PD 03/11/2009