

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90118 003 \*\*\*\*61.25

**DOCUMENT # N01622**

1. Entity Name  
**TOWNHOMES OF DORAL OAKS HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**%GUARANTEE MGMT SERVICES  
6925 NW 42ND ST  
MIAMI, FL 33166**

Mailing Address  
**%GUARANTEE MGMT SERVICES  
6925 NW 42ND ST  
MIAMI, FL 33166**

**50014574**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number

**59-2564897**

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

**BRETNER, PAUL  
2005 BISCAYNE BLVD., #1800  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **Steven Fein**  
Street Address (P.O. Box Number is not acceptable) **900 South State Rd.**  
City **Plantation** FL **33317**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Steven Fein*

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

(NOTE: Registered Agent signature required when reinstating)

**4/18/06**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROCHE, TOM	
STREET ADDRESS	10001 NW 52ND TER	
CITY-ST-ZIP	MIAMI, FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GRIGGS, IRENE	
STREET ADDRESS	9862 NW 52 LN	
CITY-ST-ZIP	MIAMI, FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	THORNBURG, PAT	
STREET ADDRESS	10005 NW 52 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SUPANIK, BRUCE	
STREET ADDRESS	9934 NW 52 TERR	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROUSSEAU, JACOB	
STREET ADDRESS	10020 NW 52 TR	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENOCHS, PATRICIA	
STREET ADDRESS	10130 NW 52 Terr.	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, FRANK	
STREET ADDRESS	10184 NW 52 Terr.	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CABRA MARIA	
STREET ADDRESS	10004 NW 52 Terr.	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOELLER MONIKA	
STREET ADDRESS	9902 NW 52 Terr.	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAPOLI, DONALD	
STREET ADDRESS	10027 NW 52 Terr.	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Steven Fein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/06**  
Date

Daytime Phone #