

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01622

FILED
Jan 28, 2009
Secretary of State

Entity Name: TOWNHOMES OF DORAL OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2564897 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FEIN, STEVEN
900 SOUTH STATE RD
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ENOCHS, PATRICIA
Address: 10180 NW 52ND TERR
City-St-Zip: MIAMI, FL 33178

Title: VP () Delete
Name: RODRIGUEZ, FRANK
Address: 10184 NW 52ND TERR
City-St-Zip: MIAMI, FL 33178

Title: SD () Delete
Name: CRUZ, ANTONIO
Address: 9852 NW 52 LANE
City-St-Zip: MIAMI, FL 33178

Title: TD () Delete
Name: MEDINA, NORMA
Address: 10029 NW 52 TERR
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: GARGIA, WALTER
Address: 9926 NW 52 TERR
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ENOCHS, PATRICIA
Address: 10180 NW 52ND TERR
City-St-Zip: DORAL, FL 33178

Title: VP (X) Change () Addition
Name: PERRY-OLIVER, STEPHANI
Address: 9860 N.W. 52ND TERRACE
City-St-Zip: DORAL, FL 33178

Title: SD (X) Change () Addition
Name: BAUMANN, MICHELLE
Address: 10009 N.W. 52ND TERRACE
City-St-Zip: DORAL, FL 33178

Title: TD (X) Change () Addition
Name: MEDINA, NORMA
Address: 10029 NW 52 TERRACE
City-St-Zip: DORAL, FL 33178

Title: D (X) Change () Addition
Name: DALY, TOM
Address: 10107 N.E. 52ND TERRACE
City-St-Zip: DORAL, FL 33178

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: ENOCHS PATRICIA

PD

01/28/2009

Electronic Signature of Signing Officer or Director

Date