2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2011
Secretary of State

DOCUMENT# N01622

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:

C/O GUARANTEE MGMT SERVICES
6925 NW 42ND ST
MIAMI, FL 33166

Current Mailing Address:

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

New Mailing Address:

C/O GUARANTEE MGMT SERVICES
6925 NW 42ND ST
MIAMI, FL 33166

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
Name: HARTMAN, DAVID B
Address: 6925 NW 42ND ST
City-St-Zip: MIAMI, FL 33166

Title: VP
Name: OLIVER, JURGEN
Address: 6925 NW 42ND ST
City-St-Zip: MIAMI, FL 33166

Title: SD
Name: CABRA, MARIA
Address: 6925 NW 42ND ST
City-St-Zip: MIAMI, FL 33166

Title: TD
Name: FERRANDO, ALVARO
Address: 6925 NW 42ND ST
City-St-Zip: MIAMI, FL 33166

Title: D
Name: BAUMANN, MICHELLE
Address: 6925 NW 42ND ST
City-St-Zip: MIAMI, FL 33166

I hereby 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 all other like empowered.

SIGNATURE: DAVID BRUCE HARTMAN PD 01/19/2011

Electronic Signature of Signing Officer or Director Date