

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90097 045 \*\*\*\*61.25

**DOCUMENT # N01832**

1. Entity Name  
**DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM  
NO. I ASSOCIATION, INC**



Principal Place of Business  
**CONTINENTAL GROUP, LTD.  
12079 SW 131 AVE.  
MIAMI, FL 33186**

Mailing Address  
**C/O THE CONTINENTAL GROUP, INC.  
11981 SW 144 CT SUITE 201  
MIAMI, FL 33186**

**30033755**



2. Principal Place of Business

**Allied Property Group, Inc.**

3. Mailing Address

**Allied Property Group, Inc.**

Suite, Apt. #, etc.

**13200 SW 128 ST. # B2**

Suite, Apt. #, etc.

**13200 SW 128 ST. # B2**

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip

**33186**

Country

**U.S.A.**

Zip

**33186**

Country

**U.S.A.**

03022005

Chg-NP

CR2E037 (10/03)

4. FEI Number

**59-2564904**

Applied For

Not Applicable.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LUBITZ, ALAN H.  
1500 SAN REMO AVE., #220  
CORAL GABLES, FL 33146**

7. Name and Address of New Registered Agent

Name **Dennis Eisinger, Esq.**

Street Address (P.O. Box Number is Not Acceptable)

**4000 Hollywood Blvd.**

**Suite 2655**

City **Hollywood**

**FL**

Zip Code **33021**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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  
NAME CREIGHTON, BRIAN ☒ Delete  
STREET ADDRESS 4990 NW 102 AV. #101  
CITY-ST-ZIP MIAMI, FL 33178

TITLE VPD ☐ Delete  
NAME EDER, JACQUELINE  
STREET ADDRESS 4990 NW 102 AVE #104  
CITY-ST-ZIP MIAMI, FL 33178

TITLE S ☒ Delete  
NAME GARCIA, MARIA  
STREET ADDRESS 4980 NW 102 AVE #104  
CITY-ST-ZIP MIAMI, FL 33178

TITLE T ☒ Delete  
NAME BANAAG, INA  
STREET ADDRESS 4950 NW 102 AVE #104  
CITY-ST-ZIP MIAMI, FL 33178

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TARCISIO de Oliveira, PD ☒ Change ☐ Addition  
NAME 4950 NW 102 Ave. # 1  
STREET ADDRESS MIAMI, FL 33178  
CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition  
NAME SACQUeline Eder  
STREET ADDRESS 4990 NW 102 AVE. # 104  
CITY-ST-ZIP MIAMI, FL 33178

TITLE T ☒ Change ☐ Addition  
NAME Alex Tellez  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VDP ☒ Change ☐ Addition  
NAME Xavier Guerra  
STREET ADDRESS 4950 NW 102 Ave.  
CITY-ST-ZIP MIAMI, FL 33178

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-30-05**

**305-232-1579**