


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90177 007 ****61.25

DOCUMENT # N02000008353 1. Entity Name DOUGLAS RESIDENCE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7390 SW 154 TERRACE VILLAGE OF PALMETTO BAY, FL 33157			Mailing Address 7390 SW 154 TERRACE VILLAGE OF PALMETTO BAY, FL 33157		
2. Principal Place of Business - No P.O. Box # 118 PONCE DE LEON BLVD		3. Mailing Address 118 PONCE DE LEON BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CORAL GABLES FL		City & State CORAL GABLES FL		4. FEI Number 20-8888935	
Zip 33135		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORRA, EGBERT A 7390 SW 154 TERRACE VILLAGE OF PALMETTO BAY, FL 33157			7. Name and Address of New Registered Agent Name GORRA EGBERT A Street Address (P.O. Box Number is Not Acceptable) 118 PONCE DE LEON BLVD City CORAL GABLES FL Zip Code 33135		
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 <u>EGBERTA. GORRA</u> DATE <u>APRIL 30, 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GORRA, EGBERT A 7390 SW 154 TERRACE VILLAGE OF PALMETTO BAY, FL 33157				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GORRA, EGBERT A JR 120 DOUGLAS ROAD, #406 CORAL GABLES, FL 33134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ARIZA, LISSETTE M 8920 SW 160 STREET MIAMI, FL 33157				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u>EGBERTA. GORRA</u> <u>4/30/08</u> <u>305 443-3010</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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