

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008353

FILED
Apr 13, 2009
Secretary of State

Entity Name: DOUGLAS RESIDENCE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

118 PONCE DE LEON BLVD.
CORAL GABLES, FL 33135

New Principal Place of Business:

624 SW 1 STREET, OFFICE
MIAMI, FL 33130

Current Mailing Address:

118 PONCE DE LEON BLVD.
CORAL GABLES, FL 33135

New Mailing Address:

624 SW 1 STREET, OFFICE
MIAMI, FL 33130

FEI Number: 20-8888935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EGBERT, GORRA A
118 PONCE DE LEON BLVD.
CORAL GABLES, FL 33735 US

Name and Address of New Registered Agent:

EGBERT, GORRA A
7390 SW 154 TERRACE
MIAMI, FL 33157 US

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: _____

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GORRA, EGBERT A
Address: 7390 SW 154 TERRACE
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

Title: D (X) Delete
Name: GORRA, EGBERT A JR
Address: 120 DOUGLAS ROAD, #406
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Delete
Name: ARIZA, LISSETTE M
Address: 8920 SW 160 STREET
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GORRA, EGBERT A
Address: 7390 SW 154 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EGBERT GORRA

D

04/13/2009

Electronic Signature of Signing Officer or Director

Date