

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 05, 2009
Secretary of State

DOCUMENT# N02000008353

Entity Name: DOUGLAS RESIDENCE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**624 SW 1 STREET, OFFICE
MIAMI, FL 33130**New Principal Place of Business:**120 SW 37TH AVENUE
MIAMI, FL 33134**Current Mailing Address:**624 SW 1 STREET, OFFICE
MIAMI, FL 33130**New Mailing Address:**400 SW 107TH AVENUE
SUITE 312
MIAMI, FL 33174

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
7390 SW 154 TERRACE
MIAMI, FL 33157 US**Name and Address of New Registered Agent:**ALEXIS, FLORES
4040 SW 152 PLACE
MIAMI, FL 33185 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: ALEXIS FLORES

10/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: GORRA, EGBERT A
Address: 7390 SW 154 TERRACE
City-St-Zip: MIAMI, FL 33157Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P/D (X) Change () Addition
Name: FLORES, ALEXIS
Address: 4040 SW 152 PLACE
City-St-Zip: MIAMI, FL 33185Title: T/D () Change (X) Addition
Name: ARRONDO, SILVIA
Address: 20355 N.E. 34TH COURT # 1221
City-St-Zip: AVENTURA, FL 33180Title: S/D () Change (X) Addition
Name: CAMPINS, ALEJANDRA
Address: 5775 COLLINS AVENUE # 601
City-St-Zip: MIAMI BEACH, FL 33140

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: ALEXIS FLORES

P/D

10/05/2009

Electronic Signature of Signing Officer or Director

Date