


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90034 016 \*\*\*\*61.25

|  |   |   |  |  |   |
|--|---|---|--|--|---|
| <b>DOCUMENT # N03000002823</b><br>1. Entity Name<br>MEDITERRANEAN AT ISLANDS AT DORAL<br>NEIGHBORHOOD ASSOCIATION, INC.  |   |   |  |   |   |
| Principal Place of Business<br>300 ARAGON<br>SUITE 210<br>CORAL GABLES, FL 33134   |   |   | Mailing Address<br>300 ARAGON<br>SUITE 210<br>CORAL GABLES, FL 33134 |  |   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                        |  |   |
| City & State   |   |   | City & State   |  |   |
| Zip  |   | Country   |  | Zip  |   |
| Country  |   | Country   |  | 4. FEI Number<br>13-4247088  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |  | Applied For<br>Not Applicable  |   |
| 6. Name and Address of Current Registered Agent<br><br>GABLES PROFESSIONAL<br>300 ARAGON<br>SUITE 210<br>CORAL GABLES, FL 33134  |   |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div> |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>   |   |   |  |  |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |  |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>         |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>FUENTES, TANYA M<br>10837 NW 85 TER<br>MIAMI, FL 33178   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>OSPINA, SANTIAGO<br>10885 NW 85 TERR<br>MIAMI, FL 33178 | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>LOPEZ, ANGEL<br>10803 NW 84 LN.<br>DORAL, FL 33178          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>LARA, MARIA E<br>10868 NW 84 ST<br>DORAL, FL 33178       | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>SIMON, JORGE<br>10824 NW 84 ST.<br>DORAL, FL 33178           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                               | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>RODRIGUEZ, MARTIN<br>8519 NW 109 CT.<br>DORAL, FL 33178      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                               | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>PIQUERO, FERNANDO<br>10804 NW 84 ST<br>DORAL, FL 33178       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                               | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |   |  |  |   |
| <b>SIGNATURE:</b> <u><i>Tanya M Fuentes</i></u> <div style="float: right;"> <b>2/17/08</b><br/> <small>Date</small> </div>   |   |   |  |  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   |  |  |   |