2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED **DOCUMENT # N03000002823** 08 SEP -5 PM 3: 50 MEDITERRANEAN AT ISLANDS AT DORAL NEIGHBORHOOD ASSOCIATION, INC. OLUKLIARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 300 ARAGON 300 ARAGON SUITE 210 SUITE 210 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06252008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 13-4247088 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent M+V DORAL GABLES PROFESSIONAL Street Address (P.O. Box Number is Not Acceptable) 300 ARAGON SUITE 210 NW 2680 CORAL GABLES, FL 33134 AVE DORAL FL 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. ARCELUS Signature, typed or printed name of registered agent and title if a (NOTE: Registered Agent s 9. Election Campaign Financing **\$5.00** May Be Make check payable to Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE □ Change ☐ Addition FUENTES, TANYA M NAME NAME STREET ADDRESS 10837 NW 85 TER STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 CITY+ST-ZIP <u>900135602729</u> VΡ 09/09/08--01026--007 **** 25 Addition TITLÉ ☐ Delete TITLE LOPEZ, ANGEL NAME NAME 10803 NW 84 LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DORAL, FL 33178** CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME SIMON, JORGE NAME STREET ADDRESS 10824 NW 84 ST STREET ADDRESS **DORAL, FL 33178** CiTY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition RODRIGUEZ, MARTIN NAME STREET ADDRESS 8519 NW 109 CT STREET ADDRESS CITY-ST-ZIP **DORAL, FL 33178** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PIQUERO, FERNANDO NAME STREET ADDRESS 10804 NW 84ST STREET ADDRESS CITY-ST-ZIP DORAL, FL 33178 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone