

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90004 015 \*\*\*\*61.25

<b>DOCUMENT # N03000006571</b>					
<b>1. Entity Name</b> DURHAM PARK NEIGHBORHOOD ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1910 NW 13 ST MIAMI, FL 33125			<b>Mailing Address</b> PO BOX 350621 MIAMI, FL 33135		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 338 Minorca Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Coral Gables, FL		<b>4. FEI Number</b> NOT APPLICABLE	
Zip		Zip 33134		Country U.S.A.	
<b>6. Name and Address of Current Registered Agent</b> AGUIRRE, HORACIO S 101 MADEIRA AVE SUITE 200 CORAL GABLES, FL 33134				<b>7. Name and Address of New Registered Agent</b> Name: Aguirre, Horacio S. Street Address (P.O. Box Number is Not Acceptable): 338 Minorca Ave. City: Coral Gables FL Zip Code: 33134-4304	
<b>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.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE</b>    <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <b>DATE</b>                  April 30, 2007  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> AGUIRRE, HORACIO S <b>STREET ADDRESS</b> 1910 NW 13 ST <b>CITY - ST - ZIP</b> MIAMI, FL 33125	<input type="checkbox"/> Delete		<b>TITLE</b> V <b>NAME</b> Thomas W. Kimen III <b>STREET ADDRESS</b> 2001 NW 14 Street <b>CITY - ST - ZIP</b> Miami, FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> LAMAR, JUDITH M <b>STREET ADDRESS</b> 2040 NW 13 ST <b>CITY - ST - ZIP</b> MIAMI, FL 33125	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> BURCH, B. <b>STREET ADDRESS</b> 2061 NW 14TH ST <b>CITY - ST - ZIP</b> MIAMI, FL 33125	<input type="checkbox"/> Delete	
<b>TITLE</b> T <b>NAME</b> FREMONT, ANN B <b>STREET ADDRESS</b> 2011 NW 14TH ST <b>CITY - ST - ZIP</b> MIAMI, FL 33125	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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>					
<b>SIGNATURE:</b>			April 30, 2007 305-4480997		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		