2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03762

1. Entity Name THE DORAL AT PARK FOREST, INC.



Principal Place of Business

187 FOREST LAKES DRIVE NAPLES, FL 34105 US Mailing Address

187 FOREST LAKES DRIVE NAPLES, FL 34105

FILED Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90390 003 ****61.25

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03082006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 59-2712642

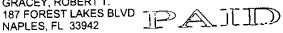
Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRACEY, ROBERT T. NAPLES, FL 33942



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		15-			and the state of t	
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_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered Ap	gent signature	e required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financii Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVEALL, RICHARD 201 QUAIL FOREST BLVD NAPLES, FL 34105					
TITLE NAME STREET ADORESS CITY-ST-ZIP	PD HILLSON, RAYMOND 201 QUAIL FOREST BLVD #307 NAPLES, FL 34105					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTMAN, JEAN 201 QUAIL FOREST BLVD. NAPLES, FL		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRACEY, ROBERT T. 187 FOREST LAKES BLVD NAPLES, FL					
TITLE NAME STREET ADORESS CITY+ST-ZIP	VD RODENROTH, HELENE 201 QUAIL FOREST BLVD #107 NAPLES, FL 34105					
TITLE	VPD DECKARD, GARY					

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: .

CITY-ST-ZIP

STREET ADDRESS 201 QUAIL FOREST BLVD. #204

IGNING OFFICER OR DIRECTOR