


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

**DOCUMENT # N03762**  
 1. Entity Name  
**THE DORAL AT PARK FOREST, INC.**



Principal Place of Business      Mailing Address  
 187 FOREST LAKES DRIVE      187 FOREST LAKES DRIVE  
 NAPLES, FL 34105 US      NAPLES, FL 34105 US

**DO NOT WRITE IN THIS SPACE**

40051012



03082006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
 59-2712642      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GRACEY, ROBERT T.  
 187 FOREST LAKES BLVD  
 NAPLES, FL 33942

**DO NOT WRITE IN THIS SPACE**

**PAID**  
 APR 11 2006  
 1832

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing 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 ADDRESS 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRACEY, ROBERT T. 187 FOREST LAKES BLVD NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODENROTH, HELENE 201 QUAIL FOREST BLVD #107 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DECKARD, GARY 201 QUAIL FOREST BLVD. #204 NAPLES, FL 34105

**DO NOT WRITE IN THIS SPACE**

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:** Robert Gracy      4/16/06      239-649-5667  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #