

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03762

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: THE DORAL AT PARK FOREST, INC.

**Current Principal Place of Business:**

187 FOREST LAKES DRIVE  
NAPLES, FL 34105 US

**New Principal Place of Business:**

**Current Mailing Address:**

187 FOREST LAKES DRIVE  
NAPLES, FL 34105 US

**New Mailing Address:**

FEI Number: 59-2712642

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRACEY, ROBERT T.  
187 FOREST LAKES BLVD  
NAPLES, FL 33942 US

**Name and Address of New Registered Agent:**

GRACEY, ROBERT T SR.  
187 FOREST LAKES BLVD  
NAPLES, FL 33942 US

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.

SIGNATURE: ROBERT T. GRACEY, SR.

03/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LOVEALL, RICHARD  
Address: 201 QUAIL FOREST BLVD  
City-St-Zip: NAPLES, FL 34105

Title: PD ( ) Delete  
Name: HILLSON, RAYMOND  
Address: 201 QUAIL FOREST BLVD #307  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: ALTMAN, JEAN  
Address: 201 QUAIL FOREST BLVD.  
City-St-Zip: NAPLES, FL

Title: ST ( ) Delete  
Name: GRACEY, ROBERT T.  
Address: 187 FOREST LAKES BLVD  
City-St-Zip: NAPLES, FL

Title: VD ( ) Delete  
Name: RODENROTH, HELENE  
Address: 201 QUAIL FOREST BLVD #107  
City-St-Zip: NAPLES, FL 34105

Title: VPD ( ) Delete  
Name: DECKARD, GARY  
Address: 201 QUAIL FOREST BLVD. #204  
City-St-Zip: NAPLES, FL 34105

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT T. GRACEY, SR.

SECY

03/30/2009

Electronic Signature of Signing Officer or Director

Date