

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90227 022 ****61.25



DOCUMENT # N04000010828
 1. Entity Name
SANTORINI AT ISLANDS AT DORAL NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business
 123 NW 13 STREET, SUITE 300
 BOCA RATON, FL 33432

Mailing Address
 123 NW 13 STREET, SUITE 300
 BOCA RATON, FL 33432

40055560

2. Principal Place of Business - No P.O. Box #
300 Aragon Avenue

3. Mailing Address
300 Aragon Avenue

Suite, Apt. #, etc.
Suite 210

Suite, Apt. #, etc.
Suite 210

City & State
Coral Gables FL

City & State
Coral Gables FL

Zip
33134

Country

Zip
33134

Country



04282008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-1948986

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GAUDET, LYNNE
 123 NW 13 STREET, SUITE 300
 BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name **Mercedes Suarez**

Street Address (P.O. Box Number is Not Acceptable)
8637 Sterling Road

City **Cooper City** FL Zip Code **33128**

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 *Mercedes Suarez* DATE 4/28/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MERCEDES, SUAREZ 123 NW 13 STREET, SUITE 300 BOCA RATON, FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGLESIAS, TOM 123 NW 13 STREET, SUITE 300 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGELSTEIN, HARRY 123 NW 13 STREET, SUITE 300 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mercedes Suarez 8637 Sterling Road Cooper City, FL 33128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Paul Hillhouse 8637 Sterling Road Cooper City, FL 33128	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Maria* DATE 4/28/08 (305) 796-4785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #