2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000010831 FILED 1. Entity Name ANTILLES AT ISLANDS AT DORAL NEIGHBORHOOD 2007 OCT 29 AM 11: 29 ASSOCIATION, INC. Principal Place of Business Mailing Address 123 NW-13 STREET, SUITE 300 123 NW 13 STREET, SUITE 300 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 300 Aragun Avenue 300 Arbyon Suite, Apt. #, etc. 10092007 CR2E037 (12/06) Cha-NP SUIFE 210 City & State Applied For FEI Number 20-1949397 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JEFFREY R. MARGOLIS, P.A. Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCAYNE BLVD., STE. 3400 MIAMI, FL 33131-Zip Code City 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 Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make check payable to Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. TITLE Delete TITLE effercedes Sucrez ☐ Change GAUDET, LYNNE NAME NAME 123NW 13 Street Suit 300 STREET ADDRESS 123 NW 13 STREET, SUITE 300 STREET ADDRESS BOCA Rafor, FI 33V32 BOCA RATON, FL 33432 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE INGLESIAS, TOM NAME NAME **600111555406** 10/31/07--01048--004 **61 STREET ADDRESS **123 NW 13 STREET, SUITE 300** STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP TS ппе X Delete TITI F ☐ Change ■ Addition NAME INGLESIAS, TOM NAME STREET ADDRESS 123 NW 13 STREET, SUITE 300 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP DVP TITLE Change ☐ Addition TITLE Delete NAME ENGELSTEIN, HARRY NAME STREET ADDRESS STREET ADDRESS 123 NW 13 STREET, SUITE 300-CITY-ST-ZP BOCA RATON, FL 33432 CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: Mercel Lung Medes SIGNATURE AND TYPED OR PRAITED HAME OF BIOLOGIC OFF 305) 463-7**9**00

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