

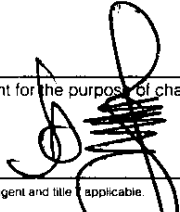
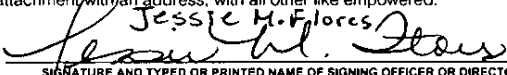


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90049 039 \*\*\*\*61.25

<b>DOCUMENT # N04000010831</b>					
1. Entity Name ANTILLES AT ISLANDS AT DORAL NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 300 ARAGON AVENUE SUITE 210 CORAL GABLES, FL 33134		Mailing Address 300 ARAGON AVENUE SUITE 210 CORAL GABLES, FL 33134		<p style="text-align: right; font-size: 24pt;"><b>40068036</b></p> 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 20-1949397	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JEFFREY R. MARGOLIS, P.A. 200 SOUTH BISCAYNE BLVD., STE. 3400 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name: <u>Juan A. Sanchez, P.A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>10251 Sunset Dr. A-106</u> City: <u>MIAMI</u> FL Zip Code: <u>33173</u>	
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: <u>4/9/08</u>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAUDET, LYNNE		NAME	JONES, JON D	
STREET ADDRESS	123 NW 13 STREET, SUITE 300		STREET ADDRESS	7819 NW 108 Place	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	Doral, FL 33178	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUAREZ, MERCEDES		NAME	FLORES, JESSIE	
STREET ADDRESS	123 NW 13 STREET, SUITE 300		STREET ADDRESS	7880 NW 108 Place	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	Doral, FL 33178	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGELSTEIN, HARRY		NAME	CONZALEZ, Victoria	
STREET ADDRESS	123 NW 13 STREET, SUITE 300		STREET ADDRESS	8002 NW 107 Court	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	Doral, FL 33178	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CAMINO, Mireya	
STREET ADDRESS			STREET ADDRESS	10767 NW 78 Terr.	
CITY-ST-ZIP			CITY-ST-ZIP	Doral, FL 33178	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	VERA, JOSE	
STREET ADDRESS			STREET ADDRESS	10879 NW 78 Terr.	
CITY-ST-ZIP			CITY-ST-ZIP	Doral, FL 33178	
TITLE	Director	<input checked="" type="checkbox"/> Addition	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aquzzi, Cesar		NAME	VERGARA, Antonio Filipe	
STREET ADDRESS	7885 NW 109 Ct.		STREET ADDRESS	10888 NW 79 St.	
CITY-ST-ZIP	Doral, FL 33178		CITY-ST-ZIP	Doral, FL 33178	
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: 			7 APR 08 305-441-0904		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		