

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010834

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** CORSICA AT ISLANDS AT DORAL NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

10705 NW 33RD STREET  
SUITE 100  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

10705 NW 33RD STREET  
SUITE 100  
DORAL, FL 33172

**New Mailing Address:**

**FEI Number:** 20-1949526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DORAL MANAGEMENT  
10705 NW 33RD STREET  
SUITE 100  
DORAL, FL 33172 US

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

SRLD, INC.  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 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: SRLD, INC.

02/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PINO, CARLOS  
Address: 11059 NW 80 LANE  
City-St-Zip: MIAMI, FL 33178

Title: VP  
Name: VITERI, PABLO  
Address: 11008 NW 80 LANE  
City-St-Zip: MIAMI, FL 33178

Title: S  
Name: BRITES, JACQUELINE  
Address: 11018 NW 80 LANE  
City-St-Zip: MIAMI, FL 33178

Title: T  
Name: CONTIPELLI, BRIAN  
Address: 11168 NW 80 LANE  
City-St-Zip: MIAMI, FL 33178

Title: D  
Name: ORTEGA, THAIS  
Address: 8063 NW 111 CT.  
City-St-Zip: MIAMI, FL 33178

I hereby 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 all other like empowered.

SIGNATURE: CARLOS PINO

P

02/16/2011

Electronic Signature of Signing Officer or Director

Date