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

## DOCUMENT # N05000008362

1. Entity Name
DORAL EDGE WEST CONDOMINIUM NO. 1 ASSOCIATION INC.



Apr 30, 2008 8:00 am Secretary of State 04-30-2008 90174 022 \*\*\*\*61.25

**FILED** 

2. Principal Place of Business - No P.O. Box # \$ . Mailing Address   . Suite, Apt. #. etc.	Principal Ptace of Business 5981-5993 N.W. 102 AVE MIAMI, FL 33178				Maifing Address C/O PENINSULA REAL ESTATE 2026 SW 1ST STREET SUITE 6 MIAMI, FL 33135									
City & State  City & State and Address of New Registered Agent  Name  City FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Cit	2. Principal Place of Business - No P.O. Box #			3. Mailing Address						1 64W £670 £670 [1				
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Name   Name   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country		Zip Co		Çou	intry	5. Certificate of Status Desire						
DE LA RIONDA, CARLOS COP PENINSULA REAL ESTATE, INC 2026 SW 1ST STREET SUITE 6 MIAMI, FL 33135  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  The above named entry 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  The above named entry 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.  In the above named entry 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.  In the above named entry 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.  In the above named entry 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.  In the above named entry 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  In the above named entry 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.  In the above named entry submits and administrations of the part agents and administrations.  In the above named entry submits and accept the obligations.  In the above named en		6. Name and Ad	dress of Current	Registere	od Agent	7. Name and Address of New Registered Agent								
Street Address (P.O. Box Number is Not Acceptable)    City					Name									
MAMI, FL 33135  City FL ZP Code  City FL	C/O PENIN	ISULA REAL ES				Street Address (P.O. Box Number is Not Acceptable)								
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12. Thereby certify the first supplied what that have been affected as if mode under earth, that I am no officer or dispoter		t certify that the inform	ation supplied wit	h this filing	does not qualify for	the ex	emptions con	ntained	in Chapter 119.	Florida Statut	es. I further cert	ify that the in	formation	

owered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered. indicated on this report or supplemental report of the corporation of the receiver or trustee em changed, or on an attackingent with an address

SIGNATURE:

12AWELL