

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008362

FILED  
Apr 30, 2009  
Secretary of State

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

**Current Principal Place of Business:**

5981-5993 N.W. 102 AVE  
MIAMI, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PENINSULA REAL ESTATE  
2026 SW 1ST STREET SUITE 6  
MIAMI, FL 33135

**New Mailing Address:**

**FEI Number:** 24-2184365

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DE LA RIONDA, CARLOS  
C/O PENINSULA REAL ESTATE, INC  
2026 SW 1ST STREET SUITE 6  
MIAMI, FL 33135 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PIZANELLI, MARCIO R  
Address: 5983 N.W. 102 AVE  
City-St-Zip: MIAMI, FL 33178

Title: DVPS ( ) Delete  
Name: RINCON, LIZBELL  
Address: 5987 N.W. 102 AVE  
City-St-Zip: DORAL, FL 33178

Title: DVPT ( ) Delete  
Name: DESOUZA, CLEVDIA  
Address: 5985 N.W. 102 AVE.  
City-St-Zip: DORAL, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVPT (X) Change ( ) Addition  
Name: DESOUZA, CLAUDIA  
Address: 5985 N.W. 102 AVE.  
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARLOS DE LA RIONDA

RA

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date