

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008531

FILED
Feb 11, 2008
Secretary of State

Entity Name: DORAL PALMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

141 ALMERIA AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

262 ALMERIA AVE
STE 210
CORAL GABLES, FL 33134

Current Mailing Address:

141 ALMERIA AVE
CORAL GABLES, FL 33134

New Mailing Address:

262 ALMERIA AVE
STE 210
CORAL GABLES, FL 33134

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTRERAS, GILBERTO A ESQ.
4000 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES, FL 33146 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: FONTE, AUGUSTO
Address: 141 ALMERIA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: SVD () Delete
Name: VIVO, RENE
Address: 141 ALMERIA AVE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FONTE, AUGUSTO
Address: 262 ALMERIA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: SVD (X) Change () Addition
Name: VIVO, RENE
Address: 262 ALMERIA AVE
City-St-Zip: CORAL GABLES, FL 33134

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: AUGUSTO FONTE

PD

02/11/2008

Electronic Signature of Signing Officer or Director

Date