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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # N06354 (7)**

**1. Corporation Name  
DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 2  
ASSOCIATION, INC.**

**Principal Place of Business Mailing Address  
GUARENTEE MANAGEMENT SERVICES, INC.  
111 FONTAINEBLEAU BLVD.  
MIAMI FL 33172 GUARENTEE MANAGEMENT SERVICES, INC.  
111 FONTAINEBLEAU BLVD.  
MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

<b>3. Date Incorporated or Qualified</b> 11/28/1984	<b>3a. Date of Last Report</b> 03/04/1994
<b>4. FEI Number</b> 59-2564899	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>7. Nonprofit with IRS 501(c)(3) Tax Exempt Status</b> <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
<b>8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b>	<b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b>	<b>27</b>
City & State	City & State
<b>23</b>	<b>28</b>
Zip	Zip
<b>24</b>	<b>25</b>
Country	Country
<b>29</b>	<b>30</b>

<b>9. Name and Address of Current Registered Agent</b>	<b>10. Name and Address of New Registered Agent</b>
LUBITZ, ALAN H. 1500 SAN REMO AVENUE, SUITE 220 CORAL GABLES FL 33146	<b>81</b> Name
	<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
	<b>83</b>
	<b>84</b> City <b>FL</b> <b>85</b> Zip Code

**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reappointing) \_\_\_\_\_ DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>STO</b>	<b>1.1 TITLE</b>	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>KELLERMAN, STELLA</b>	<b>1.2 NAME</b>	<b>Mark Ziemba</b>
<b>STREET ADDRESS</b>	<b>4890 N.W. 102 AVE. #204</b>	<b>1.3 STREET ADDRESS</b>	<b>4970 N.W. 102 Avenue # 205</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>	<b>1.4 CITY-ST-ZIP</b>	<b>Miami Florida 33178</b>
<b>TITLE</b>	<b>VBSI</b>	<b>2.1 TITLE</b>	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>ZIEMBA, MARK</b>	<b>2.2 NAME</b>	<b>Sandra Golden</b>
<b>STREET ADDRESS</b>	<b>4970 NW 102ND AVE. #205</b>	<b>2.3 STREET ADDRESS</b>	<b>4970 N.W. 102 Avenue # 107</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>	<b>2.4 CITY-ST-ZIP</b>	<b>Miami Florida 33178</b>
<b>TITLE</b>	<b>VBI</b>	<b>3.1 TITLE</b>	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>GOLDEN SANDRY</b>	<b>3.2 NAME</b>	<b>Arthur Hoynack</b>
<b>STREET ADDRESS</b>	<b>4890 NW 102ND AVE #202</b>	<b>3.3 STREET ADDRESS</b>	<b>4970 N.W. 102 Avenue # 101</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>	<b>3.4 CITY-ST-ZIP</b>	<b>Miami Florida 33178</b>
<b>TITLE</b>	<b>S</b>	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>KELLERMAN, STELLA</b>	<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>4890 NW 102ND AVE #204</b>	<b>4.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>	<b>4.4 CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>5.4 CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>6.4 CITY-ST-ZIP</b>	

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:** *Mark Ziemba* **DATE:** 3/18/95