



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90009 018 ****61.25

DOCUMENT # N06354					
1. Entity Name DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 2 ASSOCIATION, INC.					
Principal Place of Business % THE CONTINENTAL GROUP, LTD 12079 SW 131 AVE MIAMI, FL 33186			Mailing Address % THE CONTINENTAL GROUP, LTD 12079 SW 131 AVE MIAMI, FL 33186		
2. Principal Place of Business		3. Mailing Address <i>% The Continental Group, Ltd.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>11981 SW 144 CT Suite 201</i>			
City & State		City & State <i>Miami, FL.</i>		01152004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2564899	
33186		USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
LUBITZ, ALAN H. 1500 SAN REMO AVENUE, SUITE 220 CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAREDES, ANGEL		NAME	LUZ BARAYA	
STREET ADDRESS	4870 NW 102 AVE #201		STREET ADDRESS	4970 NW 102 AV # 206.	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	MIAMI FL. 33178.	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASELLAS, ANTONIO		NAME	JAN MARTIN	
STREET ADDRESS	4870 NW 102 AVE #104		STREET ADDRESS	4970 NW 102 AV # 205	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	MIAMI FL 33178	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPIO, FELIX		NAME		
STREET ADDRESS	4870 NW 102 AVE #203		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Luz Elvira Baraya</i>				Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					