

FILED
Mar 22, 1999 8:00 am
Secretary of State

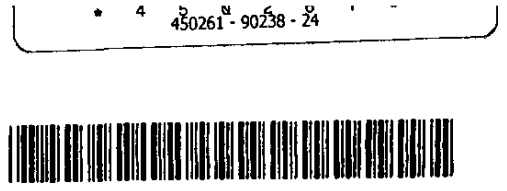
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10638

1. Corporation Name
DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO.4 ASSOCIATION, INC.

Principal Place of Business C/O GUARANTEE MGMT SERVICES, INC 111 FOUNTAINEBLEAU BLVD MIAMI FL 33172	Mailing Address C/O GUARANTEE MGMT SERVICES, INC 111 FOUNTAINEBLEAU BLVD MIAMI FL 33172
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 08/12/1985
22 City & State	27 City & State	4. FEI Number 59-2643115
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
LUBITZ, ALAN
1500 SAN REMO AVE #220
CORAL GABLES FL 33146

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 FL	86 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICENO, ELIONORA	1.2 NAME	
STREET ADDRESS	4944 NW 102 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELAEZ, CLAUDIA	2.2 NAME	
STREET ADDRESS	4944 NW 102ND AVE #101	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, MANUEL	3.2 NAME	GARCIA, MANUEL
STREET ADDRESS	4944 NW 102ND AVE #161	3.3 STREET ADDRESS	4944 N.W. 102nd AVE. #102
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33178
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT / D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	MONTERO, ARMANDO
STREET ADDRESS		4.3 STREET ADDRESS	4944 N.W. 102nd AVE, #204
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI FL 33178
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Secretary / D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	LUENGO, HUMBERTO
STREET ADDRESS		5.3 STREET ADDRESS	4944 NW 102 Ave #104
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI FL 33178
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: X **SIGNATURE MANUEL GARCIA-FRANGIE** 3/6/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORP 97-11481