


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90219 006 \*\*\*\*61.25

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # N10638</b><br>1. Entity Name<br><b>DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO.4 ASSOCIATION, INC.</b>  |   |  |  |   |  |
| Principal Place of Business<br><b>%THE CONTINENTAL GROUP, LTD<br/>12079 SW 131 AV<br/>MIAMI FL 33186</b>  |   |  | Mailing Address<br><b>12460 SW 8 ST, STE 202<br/>MIAMI FL 33184</b>  |  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |  |  |
| City & State  |   | City & State   |  |  |  |
| Zip   | Country   | Zip  | Country  | 4. FEI Number <b>59-2643115</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |  |  |  |  |
| 6. Name and Address of Current Registered Agent   |   |  | 7. Name and Address of New Registered Agent  |  |  |
| <b>MORAN AND ASSOCIATES<br/>12460 SW 8 ST, STE 202<br/>MIAMI FL 33184</b>   |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>   |   |  |  |  |  |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2006</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make Check Payable to<br/>Florida Department of State</b>   |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |
| TITLE   | PD <input type="checkbox"/> Delete              |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | LUENGO, HUMBERTO                                |  | NAME   |  |  |
| STREET ADDRESS  | 4944 NW 102 AVE., #104                          |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | MIAMI FL 33178                                  |  | CITY-ST-ZIP  |  |  |
| TITLE   | SD <input type="checkbox"/> Delete              |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | Joseph DeGirolamo                               |  | NAME   |  |  |
| STREET ADDRESS  | 4944 NW 102 Ave                                 |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | Miami FL 33178                                  |  | CITY-ST-ZIP  |  |  |
| TITLE   | Edmund Scarpone <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | 4944 NW 102 Ave #101                            |  | NAME   |  |  |
| STREET ADDRESS  | Miami FL 33178                                  |  | 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  |  |  |
| 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 exemptions contained in Section 119, 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:**

*[Signature]*  
President