


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N10638</b> 1. Entity Name DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO.4 ASSOCIATION, INC.	
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**FILED**  
**Aug 08, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business %THE CONTINENTAL GROUP, LTD 12079 SW 131 AV MIAMI, FL 33186	Mailing Address 12460 SW 8 ST, STE 202 MIAMI, FL 33184
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07082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2643115	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MORAN AND ASSOCIATES  
12460 SW 8 ST, STE 202  
MIAMI, FL 33184

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee Is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUENGO, HUMBERTO 4944 NW 102 AVE., #104 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEGHOLAMO, JOSEPH 4944 NW 102 AVE MIAMI, FL 33178
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1100000957325  
08/08/08-80003-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_ **8-4-08** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #