

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16452

FILED  
Feb 17, 2012  
Secretary of State

**Entity Name:** VILLAGE OF DORAL LAKES ASSOCIATION, INC.

**Current Principal Place of Business:**

10100 NW 51 TERRACE  
MIAMI, FL 33178 US

**New Principal Place of Business:**

14275 SW 142 AVENUE  
MIAMI, FL 33186 US

**Current Mailing Address:**

C/O MIAMI MANAGEMENT INC  
14275 SW 142 AVENUE  
MIAMI, FL 33186

**New Mailing Address:**

14275 SW 142 AVENUE  
MIAMI, FL 33186 US

FEI Number: 59-2803074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRIAIY, CARLOS PA  
2301 NW 87 AVENUE  
501  
MIAMI, FL 33172 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PARSONS, NORMAN  
Address: 14275 SW 142 AVENUE  
City-St-Zip: MIAMI, FL 33186

Title: VPT  
Name: LINARES, ISABEL  
Address: 14275 SW 142 AVENUE  
City-St-Zip: MIAMI, FL 33186

Title: T  
Name: ADERHOLDT, MARY M  
Address: 14275 SW 142 AVENUE  
City-St-Zip: MIAMI, FL 33186

Title: S  
Name: D'AMICO, BRUCE  
Address: 14275 SW 142 AVENUE  
City-St-Zip: MIAMI, FL 33186

Title: D  
Name: PONS, YVETTE  
Address: 14275 SW 142 AVENUE  
City-St-Zip: MIAMI, FL 33186

Title: D  
Name: GARCIA-CLISSENT, MAY  
Address: 14275 SW 142 AVENUE  
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NORMAN PARSONS

P

02/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date