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Secretary of State

04-26-1999 90272 050 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N17193		
1. Corporation Name DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 3 ASSOCIATION, INC.		
Principal Place of Business 12079 SW 131 AVE MIAMI FL 33186	Mailing Address 12079 SW 131 AVE MIAMI FL 33186	

* 5 4 2 9 8 5 *
 542905-90342-23



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/07/1986
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2805016
24 Country	29 Country	Applied For
	30 Country	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent DENNIS EISINGER 19495 BISCAYNE BLVD, STE 606 N MIAMI BCH FL 33180	
10. Name and Address of New Registered Agent 81 Name Phillips, Eisinger, Koss, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Boulevard 83 Suite #265 84 City Hollywood FL 85 Zip Code 33021	

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: *[Signature]* DATE: 4/14/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	D
NAME	MCCALL, ROLLAN H.	1.2 NAME	SIOLI, FRANKAJE
STREET ADDRESS	4850 NW 102 AVE., #204	1.3 STREET ADDRESS	4850 NW 102 AVE., #104
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33178
TITLE	STD	2.1 TITLE	
NAME	POSEY, PATTY	2.2 NAME	
STREET ADDRESS	4850 NW 102 AVE #103	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	HERZFELD, ULRICH	3.2 NAME	
STREET ADDRESS	4850 NW 102 AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 empowerers.

SIGNATURE: *[Signature]* DATE: 2/25/99 DAYTIME PHONE # 3055994131

CR2E037 (1/98)