


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90082 024 ****61.25

DOCUMENT # N17193

1. Entity Name
DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 3 ASSOCIATION, INC.



Principal Place of Business
**12079 SW 131 AVE
 MIAMI, FL 33186**

Mailing Address
**C/O THE CONTINENTAL GROUP, INC.
 11981 SW 144 CT SUITE 201
 MIAMI, FL 33186**

50035277



2. Principal Place of Business
Allied Property Group, Inc.

3. Mailing Address
Allied Property Group, Inc.

Suite, Apt. #, etc.
13200 SW 128 ST. # B2 **B200 SW. 128 ST. # B2**

03022005 Chg-NP CR2E037 (10/03)

City & State
MIAMI, FL **MIAMI, FL**

Zip
33186 **33186**

Country
U.S.A. **U.S.A.**

4. FEI Number
59-2805016

Applied For
 Not Applicable

5. Certificate of Status Desired... **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PHILLIPS, EISINGER, KOSS, P.A.
 4000 HOLLYWOOD BOULEVARD
 SUITE #265
 HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INGOLOTTI, FABIANA 4850 NW 102 AVE #201 MIAMI, FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERZFELD, ULRICH 4850 NW 102 AVE #201 MIAMI, FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOMOANO, ANA 4910 NW 102 AVE #201 MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Director Ulrich Herzfeld 4850 N.W. 102 Ave. #202 Miami, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** 3/23/05 305-593-2123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #