

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 27, 2009  
Secretary of State**

DOCUMENT# N17193

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

**Current Principal Place of Business:**

ALLIED PROPERTY GROUP, INC  
12350 SW 132 CT. # 114  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

ALLIED PROPERTY GROUP, INC  
12350 SW 132 CT. # 114  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 59-2805020      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PHILLIPS, EISINGER, KOSS, P.A.  
4000 HOLLYWOOD BOULEVARD  
SUITE #265  
HOLLYWOOD, FL 33021 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: TS ( ) Delete  
Name: HERZFELD, ULRICH  
Address: 4850 NW 102 AVE #201  
City-St-Zip: MIAMI, FL 33178

Title: P ( ) Delete  
Name: BECERRA, LIDICE  
Address: 4850 NW 102 AVE #101  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TSD (X) Change ( ) Addition  
Name: HERZFELD, ULRICH  
Address: 4850 NW 102 AVE #201  
City-St-Zip: MIAMI, FL 33178

Title: PD (X) Change ( ) Addition  
Name: BECERRA, LIDICE  
Address: 4850 NW 102 AVE #101  
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ULRICH HERZFELD

PD

03/27/2009

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

\_\_\_\_\_  
Date