

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19480 (5)
1. Corporation Name
DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 5 ASSOCIATION, INC.



Principal Place of Business C/O THE CONTINENTAL GROUP 12079 SW 131 AVE MIAMI FL 33186	Mailing Address C/O THE CONTINENTAL GROUP 12079 SW 131 AVE MIAMI FL 33186-6475
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3. Date Incorporated or Qualified 03/03/1987	3a. Date of Last Report 03/25/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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4. FEI Number 59-2805016	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DENNIS EISINGER
17071 W. DIXIE HWY
NO. MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE ROCA, MERCEDES
NAME ROCA, MERCEDES		1.2 NAME R.A. Miller
STREET ADDRESS 4730 NW 102 AVE #101		1.3 STREET ADDRESS 4740 NW 102 Ave., #202
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP Miami, FL 33178
TITLE STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD
NAME BARRIOS, BLANCA		2.2 NAME Jeanine Marcy
STREET ADDRESS 4730 NW 102 AVE #105		2.3 STREET ADDRESS 4740 NW 102 Ave., #208
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP Miami, FL 33178
TITLE VPD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE STD
NAME ACKLY, ALBERT		3.2 NAME John Bechamps
STREET ADDRESS 4730 NW 102 AVE #102		3.3 STREET ADDRESS 4740 NW 102 Ave., #105
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP Miami, FL 33178
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE
NAME BECHAMPS, JOHN		4.2 NAME
STREET ADDRESS 4730 NW 102 AVE., #105		4.3 STREET ADDRESS
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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14. I do 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.

SIGNATURE: *R.A. Miller* (R.A. MILLER) 2/2/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027694

CR2E037 (9/96)