FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Feb 27 1997 8:00am

Secretary of State

Daytime Phone # 0027894

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19480

(5)

Mailing Address

DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 5 ASSOCIATION, INC.

appears in Block 12 or Block 13-if changed, or on an attachment with an address

C/O THE CONTINENTAL GROUP C/O THE CONTINENTAL GROUP 12079 SW 131 AVE 12079 SW 131 AVE MIAMI FL 33186-6475 MIAMI FL 33186 Date Incorporated or Qualified 03/03/1987 3a. Date of Last Report 03/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2805016 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Ζιρ Country Zip This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **DENNIS EISINGER** 82 Street Address (P.O. Box Number is Not Acceptable) 17071 W. DIXIE HWY 83 NO. MIAMI BEACH FL 33160 Zip Code 84 City 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, typed or profed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) X DELETE Change Addition 1.1 TITLE TITLE ROCA, MERCEDES R.A. Miller 1.2 NAME NAME 4730 NW 102 AVE #101 STREET ADDRESS 1.3 STREET ADDRESS 4740 NW 102 Ave., #202 Miami Fl Miami, F1 33178 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change **X** Addition 21 TITLE STD TITLE BARRIOS, BLANCA Jeanine Marcy NAME 22 NAME 4740 NW 102 Ave., #208 4730 NW 102 AVE #105 2.3 STREET ADDRESS STREET ADDRESS Miami, Fl 33178 MIAMI FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ΫPD 3.1 TITLE Change Addition TITLE STD ACKLY, ALBERT 3.2 NAME NAME John Bechamps 4730 NW 102 AVE #102 STREET ADDRESS 3.3 STREET ADDRESS 4740 NW 102 Ave., #105 MIAMI FL 3 4. CITY-ST-ZIP CITY-ST-ZIP Miami, Fl 33178 DELETE Addition Change 4.1 TITLE TITLE BECHAMPS, JOHN NAME 4. 2 NAME 4730 NW 102 AVE., #105 4.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP Change ■ DELETE ■ Addition 6.1 TITLE TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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