

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90024 016 ****61.25

0002764

DOCUMENT # N19480

1. Entity Name

DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 5

Principal Place of Business

Mailing Address

C/O THE CONTINENTAL GROUP
 12079 SW 131 AVE
 MIAMI FL 33186

C/O THE CONTINENTAL GROUP
 12079 SW 131 AVE
 MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2805016

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, EISINGER, KOSS
4000 HOLLYWOOD BLVD
SUITE #265 S
HOLLYWOOD FL 33021

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
PD
R.A. MILLER
 STREET ADDRESS **4740 NW 102 AVE 202**
 CITY-ST-ZIP **MIAMI FL**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
STD
JOHN BECHAMPS
 STREET ADDRESS **4740 NW 102ND AVE 105**
 CITY-ST-ZIP **MIAMI FL**

TITLE NAME Change Addition
STD
Gonzalez, Aura
 STREET ADDRESS **4730 NW 102 Ave., #201**
 CITY-ST-ZIP **Miami, Fl. 33178**

TITLE NAME Delete
VPD
TORRES, EDYTH
 STREET ADDRESS **4740 NW 102 AVE #108**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: *R.A. Miller*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01
 Date

Daytime Phone #

CR2E037 (10/00)