## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19480

FILED Mar 27, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

C/O ALLIED PROPERTY GROUP 12350 SW 132 CT. #114 MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

C/O ALLIED PROPERTY GROUP 12350 SW 132 CT. # 114 MIAMI, FL 33186

FEI Number: 59-2805016 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

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

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:

- Flateria Circulus (Basistand Assat

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

 Title:
 PD
 ( ) Delete
 Title:
 PD
 (X) Change ( ) Addition

 Name:
 R.A. MILLER
 Name:
 R.A. MILLER

 Address:
 4740 NW 102 AVE 202
 Address:
 4740 NW 102 AVE 202

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:
 MIAMI, FL 33178

Title: STD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GONZALEZ, AURA
 Name:

 Address:
 4730 NW 102 AVE. # 201
 Address:

 City-St-Zip:
 MIAMI, FL 33178
 City-St-Zip:

Title: VP ( ) Delete Title: VPD (X) Change ( ) Addition

 Name:
 TORRES, EDITH
 Name:
 TORRES, EDITH

 Address:
 4740 NW 102 AVE #108
 Address:
 4740 NW 102 AVE #108

 City-St-Zip:
 MIAMI, FL 33178
 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: R.A. MILLER PD 03/27/2009