

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24085 (5)
1. Corporation Name

DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 6 ASSOCIATION, INC.



Principal Place of Business: 12079 SW 131 AVE, MIAMI FL 33186
Mailing Address: 12079 SW 131 AVE, MIAMI FL 33186

3. Date Incorporated or Qualified: 12/21/1987
3a. Date of Last Report: 04/26/1995

21. Principal Place of Business GUARANTEE MANAGEMENT SERV.	2a. Mailing Address GUARANTEE MANAGEMENT SERV.	4. FEI Number 65-0052664	Applied For Not Applicable
22. Suite, Apt. #, etc. 111 FONTAINEBLEAU BLVD.	27. Suite, Apt. #, etc. 111 FONTAINEBLEAU BLVD.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State MIAMI, FLORIDA	28. City & State MIAMI, FLORIDA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip 33172	25. Country USA	29. Zip 33172	30. Country USA

9. Name and Address of Current Registered Agent

**EISINGER, DENNIS
19495 BISCAYNE BLVD.
STE 606
N. MIAMI BCH. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SABO, SANDRA 4630 NW 102ND AVE, #105 MIAMI FL <input checked="" type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	P/D JENNY ESTRIFEAUT 4630 NW 102 AVE, 104 MIAMI, FL 33178 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VALDEREE, INES 4630 NW 102 AVE, #205 MIAMI FL <input checked="" type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	VP/D VERN SURETTE 4630 NW 102 AVE, 205 MIAMI, FL <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS HORGAN, DAN 4630 NW 102 AVE., #208 MIAMI FL <input checked="" type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	T/D/S JOSE A. SOLIS 4630 NW 102 AVE, 107 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jose A. Solis **JOSE A. SOLIS** 5/21/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)