2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 18, 2007 8:00 am Secretary of State 05-18-2007 90020 031 ****61.25

DOCUMENT # N24085 1. Entity Name DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 6 ASSOCIATION, INC.							
Principal Place 2500 N.W. 9 SUITE 200 MIAMI, FL 3	7 AVE.	Mailing Address 2500 N.W. 97 AVE. SUITE 200 MIAMI, FL 33172 US					
<u> </u>		3. Mailing Address	J 102A	ve Hilling		 	
Suite, Apt. SU1+	e #5		-5		ng-NP CR2E0	37 (12/06)	
City & State		City & State MLAM	P	4. FEI Number 65-005266	4	<u> </u>	oplied For ot Applicable
331	72 Country	^{Zip} 3317.2	Country	5 Certificate of St	atus Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Add	ress of New Registered	Agent	
S.P.M. GROUP INC 2500 N.W. 97 AVE SUITE 200			Name Street Add	SPM G77 tress (P.O. Box Number is 1	Not Acceptable 2	nc Ave	
MIAMI, FL	33172		-	SOU N	<u> </u>	TVE	
			City	suite #	· <u>ラ</u>	Zip Cod	e,7>
8. The above	named entity submits this statement for	the purpose of changing its re	aistered office or re			familiar with.	and accept
	tions of registered agent		3				•
SIGNATURA	$\mathcal{L}(\mathcal{L})$:5	11/2-	-
SIGNATURE:	Slandtive based or protect name of reputal	The dispolarities (NOTE &	iuniclared Anual canal.vu	ran ideal when rainstanni	DATE	11 0 	/
SIGNATURE	Signature, typed or printed name of registers and the signature.	9. Election Camp	iegistered Agent signature		DATE Make chec	k payable to	<i></i>
	Signature, speed or printed name of registres. Filling Fee is \$61.25 ue by September 14, 2007		aign Financing	\$5.00 May Be			
D:	Filing Fee is \$61.25 ue by September 14, 2007 OFFICERS AND DIR	9. Election Camp Trust Fund Cor	aign Financing ntribution.	\$5.00 May Be Added to Fees	Make chec	rtment of St	tate
10.	Filing Fee is \$61.25 ue by September 14, 2007 OFFICERS AND DIR	9. Election Camp Trust Fund Cor	naign Financing ntribution.	\$5.00 May Be Added to Fees	Make chec Florida Depa	rtment of St	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 treated 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-S1-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-SI-ZIP

205-444-6757 Date