




**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
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 of Business 2500 N.W. 97 AVE. SUITE 200 MIAMI, FL 33172 US		Mailing Address 2500 N.W. 97 AVE. SUITE 200 MIAMI, FL 33172 US		
2. Principal Place of Business - No P.O. Box # 2200 NW 102 Ave		3. Mailing Address 2200 NW 102 Ave		
Suite, Apt. #, etc. Suite # 5		Suite, Apt. #, etc. Suite # 5		05092007 Chg-NP CR2E037 (12/06)
City & State Miami FL		City & State Miami FL		4. FEI Number 65-0052664
Zip 33172	Country USA	Zip 33172	Country USA	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent S.P.M. GROUP INC 2500 N.W. 97 AVE SUITE 200 MIAMI, FL 33172			7. Name and Address of New Registered Agent Name SPM Group INC Street Address (P.O. Box Number is Not Acceptable) 2200 NW 102 AVE Suite # 5 City MIAMI FL Zip Code 33172	
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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE 			DATE 5/1/07	
Filing Fee is \$61.25 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
			Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RACHI, ERNESTO 4630 N.W. 102 AVE #205 MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAVEL, MARIA 4630 NW 102 AVE APT #103 MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LARGAESPAIN, DIMITRI 4630 NW 102 AVE #105 MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 an other like empowered.				
SIGNATURE 			Date 2005-444-6757 Daytime Phone #	