

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N24399** (0)

1. Corporation Name  
**DORAL COURT CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**95 FEB 15 PM 3:12**

Principal Place of Business Mailing Address  
**7907 NW 53RD ST STE 222 MIAMI FL 33020-1510 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/19/1988** 3a. Date of Last Report **05/31/1994**  
4. FEI Number **65-0100248** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**TORRE, HELIO DE LA  
SIEGFRIED, RIVERA, LERNGR  
201 ALHAMBRA CIR / STE 1102  
CORAL GABLES FL 33134**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DT</b>
NAME	<b>MITCHELL, CLEONICE</b>
STREET ADDRESS	<b>8033 LAKE DR / STE 201</b>
CITY- ST- ZIP	<b>MIAMI FL</b>
TITLE	<b>DVP</b>
NAME	<b>HANNAH, DAVID</b>
STREET ADDRESS	<b>8003 LAKE DR. #201</b>
CITY- ST- ZIP	<b>MIAMI FL</b>
TITLE	<b>DP</b>
NAME	<b>SOSA, GEORGINA</b>
STREET ADDRESS	<b>8033 LAKE DR. #104</b>
CITY- ST- ZIP	<b>MIAMI FL</b>
TITLE	<b>DS</b>
NAME	<b>PATERSON, EVELYN</b>
STREET ADDRESS	<b>8035 LAKE DR #101</b>
CITY- ST- ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>DA SILVA, MARIA</b>
STREET ADDRESS	<b>8031 LAKE DR #204</b>
CITY- ST- ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE	<b>DS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Patthia Lyn</b>	
2.3 STREET ADDRESS	<b>8031 Lake Drive, #201</b>	
2.4 CITY- ST- ZIP	<b>Miami, FL 33166</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Alina Miquez-Alvarez</b>	
5.3 STREET ADDRESS	<b>8035 lake Drive, #205</b>	
5.4 CITY- ST- ZIP	<b>Miami, FL 33166</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this original report or supplementary 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, as appropriate, or on an attachment with an address.

SIGNATURE: *[Signature]*  
BIG CAPITAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/8/95**  
Date