

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N24399**

1. Corporation Name
DORAL COURT CONDO. ASSOCIATION

Principal Place of Business: **c/o The Continental Group
12079 SW 131 Avenue
Miami, Florida 33186**

3. Date Incorporated or Organized: **01/19/88**
3a. Date of Last Report: **5/31/1995**
4. FEI Number: **65-0100248**
Applied For: Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**Siegfried, Rivera, Lerner, etl.
201 Alhambra Circle
Suite 1102
Coral Gables, Florida 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 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: _____

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> P/D	<input type="checkbox"/> DELETE
NAME	Gina Sosa	
STREET ADDRESS	8033 Lake Dr. #104	
CITY, ST, ZIP	Miami, Florida 33166	
TITLE	<input checked="" type="checkbox"/> VP/D	<input type="checkbox"/> DELETE
NAME	Cleonice Mitchell	
STREET ADDRESS	8033 Lake Drive #201	
CITY, ST, ZIP	Miami, Florida 33166	
TITLE	<input type="checkbox"/> D	<input type="checkbox"/> DELETE
NAME	Alina Miquez-Alvarez	
STREET ADDRESS	8035 Lake Drive #201	
CITY, ST, ZIP	Miami, Florida 33166	
TITLE	<input checked="" type="checkbox"/> S/D	<input type="checkbox"/> DELETE
NAME	Fathia Lyn	
STREET ADDRESS	8031 Lake Drive #205	
CITY, ST, ZIP	Miami, Florida 33166	
TITLE	<input type="checkbox"/> T/D	<input type="checkbox"/> DELETE
NAME	Evelyn Patterson	
STREET ADDRESS	8035 Lake Drive #101	
CITY, ST, ZIP	Miami, Florida 33166	
TITLE	<input type="checkbox"/>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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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 provided 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gina Sosa, President

CR2E037 (12/95)