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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N24399 (0)
1. Corporation Name
DORAL COURT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 7907 NW 53RD ST, STE 222, MIAMI FL 33020-1510 US
Mailing Address: C/O THW CONTINENTAL GROUP, 12079 SW 131 AVE, MIAMI FL 33186-6475

3. Date Incorporated or Qualified: 01/19/1988
3a. Date of Last Report: 03/30/1996

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country, 29. Zip, 30. Country

4. FEI Number: 65-0100248
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

9. Name and Address of Current Registered Agent
TORRE, HELIO DE LA
SIEGFRIED, RIVERA, LERNRG
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, 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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD MITCHELL, CLEONICE 8033 LAKE DR / STE 201 MIAMI FL 33166	1.1 TITLE	<input checked="" type="checkbox"/> DELETED
NAME		1.2 NAME	DIRECTOR HELENA GUASTELLA
STREET ADDRESS		1.3 STREET ADDRESS	8017 Lake Dr. # 101
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, FL. 33166
TITLE	SP LYN, FATHIA 8031 LAKE DRIVE, #205 MIAMI FL 33166	2.1 TITLE	VICE PRESIDENT/DIR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD SOSA, GEORGINA 8033 LAKE DR. #104 MIAMI FL 33166	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD PATERSON, EVELYN 8035 LAKE DR #101 MIAMI FL 33166	4.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D MIQUEZ-ALVAREZ, ALINA 8035 LAKE DRIVE #205 MIAMI FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Director/Secretary Adrian Walsh <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	8033 Lake Drive # 204
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL. 33166

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

CR2E037 (9/96)