

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90041 050 \*\*\*\*61.25

**DOCUMENT # N24399**  
 1. Entity Name  
**DORAL COURT CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
 % COMPLETE AND RELIABLE MANAGEMENT % COMPLETE AND RELIABLE MANAGEMENT  
 PO BOX 83-2557 PO BOX 83-2557  
 MIAMI FL 33283-2557 MIAMI FL 33283-2557  
 US US



MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number **65-0100248** Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**COMPLETE AND RELIABLE MNGMT.**  
**% CARLOS A RAMIREZ**  
**7100 SW 99 AVE. 204**  
**MIAMI FL 33173**

7. Name and Address of New Registered Agent  
 Name **Complete - Reliable Mngmt**  
 Street Address (P.O. Box Number is Not Acceptable) **7100 S.W 99 Ave, 102**  
 City **Miami** FL Zip Code **33173**

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 **Carlos A. Ramirez** DATE **2/2/04**  
Signature, typed or printed name of registered agent and their applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	HELENA GUASTELLA	<input type="checkbox"/> Delete
NAME		8017 LAKE DR. #101	
STREET ADDRESS		MIAMI FL 33166	
CITY-ST-ZIP			
TITLE	D	LYN, FATHIA	<input type="checkbox"/> Delete
NAME		8031 LAKE DRIVE, #205	
STREET ADDRESS		MIAMI FL 33166	
CITY-ST-ZIP			
TITLE	PD	CRESPO, FREDERICO	<input checked="" type="checkbox"/> Delete
NAME		8013 LAKE DR #103	
STREET ADDRESS		MIAMI FL 33166	
CITY-ST-ZIP			
TITLE	TD	CABRERA, TONY	<input type="checkbox"/> Delete
NAME		8019 LAKE DR #202	
STREET ADDRESS		MIAMI FL 33166	
CITY-ST-ZIP			
TITLE	D	AMORETTI, EDICA	<input type="checkbox"/> Delete
NAME		8021 LAKE DR #202	
STREET ADDRESS		MIAMI FL 33166	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	Deionice Mitchell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8033 lake drive, 201	
STREET ADDRESS		Miami, FL 33166	
CITY-ST-ZIP			
TITLE	D	Alice De Souza	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8041 lake drive, 102	
STREET ADDRESS		Miami, FL 33166	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I 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 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 all other like empowered.

SIGNATURE: DATE: **2/13/04** DAYTIME PHONE #: **305-598-4068**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR