


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

02-07-2007 90039 023 ****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 US **MIAMI, FL 33283-2557 US**
c/o TERESITA C. MIGLIO, CPA *c/o TERESITA C. MIGLIO, CPA*



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
8023 LAKE DRIVE **P.O. BOX 440282**

Suite, Apt. #, etc. Suite, Apt. #, etc.

01192007 Chg-NP CR2E037 (12/06)

City & State City & State
MIAMI, FLORIDA **MIAMI, FLORIDA**

4. FEI Number Applied For
65-0100248 Not Applicable

Zip Country Zip Country
33166 **FL** **33144** **FL**

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

6. Name and Address of Current Registered Agent
COMPLETE & RELIABLE MANAGEMENT
7100 SW 99 AVE. 204
MIAMI, FL 33173

7. Name and Address of New Registered Agent
 Name **TERESITA C. MIGLIO, CPA**
 Street Address (P.O. Box Number is Not Acceptable)
310 SW 67 CT
 City **MIAMI** FL Zip Code **33144**

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 *TERESITA C. MIGLIO CPA* **TERESITA C. MIGLIO CPA** **3/15/07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is **\$81.25** Due by **May 1, 2007** 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELENA GUASTELLA 8017 LAKE DR. #101 MIAMI, FL 33166 <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	PD LYN, FATHIA 8031 LAKE DRIVE, #205 MIAMI, FL 33166 <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	D PIMENTEL, LUIS 8013 LAKE DRIVE, #104 MIAMI, FL 33166 <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	STD MENDE, GAYLE 8025 LAKE DR #204 MIAMI, FL 33166 <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	D MEYER-PEREZ, BRENDA 8011 LAKE DR.#205 MIAMI, FL 33166 <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	D BAILEY, EDWIN M 8019 LAKE DRIVE #101 DORAL, FL 33166 <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 all other like empowered.

SIGNATURE: *[Signature]* **1-23-07** **305-495-3092**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #