FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N25643

(0)

DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 7 ASSOCIATION, INC.

ASSO(CIATION, INC.					
Principal Place	of Business	Mailing Address				
12079 SW 131 AVENUE MIAMI FL 33186		12079 SW 131 AVENUE MIAMI FL 33186-6475				
						3. Date Incorporated or Qualified 3a. Date of Last Report 03/29/1988 03/01/1996
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26 Cuite Ant # etc				65-0052667 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired
City & State)	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 Zip	Country	28	Col	untry		
24	25		30	y		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\square\) No
1	9. Name and Address of Curren			T		10. Name and Address of New Registered Agent
				81	Name Name 1	s Eisinger, Phillip, Eisinger & Koss
EISINGER	R, DENNIS, ESQ.			82	Street Add	dress (P.O. Box Number is Not Acceptable)
	AN & INGERSOLL			-		Hollywood Blvd. #265S
19495 BISCAYNE BLVD., STE. 606						
N. MIAMI	BCH. FL 33180			84	City.	, 85 Zip Code
					Cit/Holl	ywood FL 65 33021
11, Pursuant t	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute: of Florida, Such change was at	s, the a	bove	-named corpora	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
agent. La	m familiar (1), and accept the oligi	ations of, Section 617.0503, Flor	ida Sta	tutes		- Land of the control
SIGNATURE.		2				30174
12.	Signature, typed or printed name of registered an OFFICEUS AN		Hegistere	od Ager	n signature requ	ulted when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 T	ITLE		Change Addition
NAME	SYGNECKI, CHRISTINA		1.2 N	IAME		
STREET ADDRESS	4750 NW 102 AVE., #201		1.3 5	TREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178		1.4 0	ITY-ST	r-ZiP	
TITLE	VP/D	☐ DELETE	2.1 T	ITLE		Change Addition
NAME	SMITH, ALLAN		22 N	IAME		
STREET ADDRESS	4750 NW 102 AVE., #101		2.3 S	TREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178		2. 4 CITY-5		7-ZIP	
TITLE	S/T	☐ DELETE	3.1 T			Change Addition
NAME	IGLESIAS, MARIA	•	3.2 N			
STREET ADDRESS	64640 NW 102 AVENUE #101	l			ADDRESS	
CITY-ST-ZIP TITLE	MIAMI FL 33178	DELETE	3.4. (4.1.T	CITY - S	1 - ZIP	☐ Change ☐ Addition
NAME		- Dreet	1	NAME	ļ	La comple
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			1	HTY-ST	1	
TITLE		DELETE	5.1 T			Change Addition
NAME			5.2 N	IAME		
STREET ADDRESS			5.3 S	TREET	ADDRESS	
CITY-ST-ZIP			5.4 0	ITY-ST	r-ZIP	
TITLE		☐ DELETE	6.1 T	ITLE		☐ Change ☐ Addition
NAME			6.2 N	IAME		
STREET ADDRESS			6.3 S	TREET	ADDRESS	
CITY-ST-ZIP		ar i i i i i i i i i i i i i i i i i i i		ITY-SI	·····	
information	n indicated on this annual report or s	supplemental annual report is true the receiver or trustee empower	e and red to	accui	rate and tha	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the at my signature shall have the same legal effect as If made under oath; that ort as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-97

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FILED

Mar 04 1997 8:00am

Secretary of State