

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90006 007 ****61.25

DOCUMENT # N25643

1. Entity Name

DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 7

Principal Place of Business

Mailing Address

12079 SW 131 AVENUE
 MIAMI FL 33186

12079 SW 131 AVENUE
 MIAMI FL 33186-6475

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0052667

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EISINGER, DENNIS ESQ
4000 HOLLYWOOD BLVD.
SUITE 265-S
HOLLYWOOD FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, ALLAN	
STREET ADDRESS	4750 NW 102 AVE., #101	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	IGLESIAS, MARIA	
STREET ADDRESS	4640 NW 102 AVE., #101	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ABREU, DALIA	
STREET ADDRESS	4640 NW 102 AVE., #101	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Murname, John J.	
STREET ADDRESS	4640 NW 102 Avenue #102	
CITY-ST-ZIP	Miami, FL 33178	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sutton, Ernest E.	
STREET ADDRESS	4640 NW 102 Ave. #204	
CITY-ST-ZIP	Miami, FL 33178	
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		
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 another like empowered.

SIGNATURE: SIGNATURE REQUIRED Smith

4/19/00 305 785 4672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)