

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N25644** (8)

1. Corporation Name
DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 8 ASSOCIATION, INC.



Principal Place of Business: **12079 SW 131 AVENUE MIAMI FL 33186**
Mailing Address: **12079 SW 131 AVENUE MIAMI FL 33186**

3. Date Incorporated or Qualified: **03/29/1988**
3a. Date of Last Report: **02/15/1995**

21. Principal Place of Business GUARANTEE MANAGEMENT SERV.	2a. Mailing Address GUARANTEE MANAGEMENT SERV.	4. FEI Number 65-0052650	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc. 111 FONTAINBLEAU BLVD.	27. Suite, Apt. #, etc. 111 FONTAINBLEAU BLVD.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State MIAMI, FL	28. City & State MIAMI, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip 33172	25. Country USA	29. Zip 33172	30. Country USA

9. Name and Address of Current Registered Agent DENNIS, EISINGER 19495 BISCAYNE BLVD SUITE 606 NO. MIAMI BEACH FL FL 33180		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City	FL	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: _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME HENRIQUEZ, ESTELA R.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4760 N.W. 102TH AVE, #107	CITY-ST-ZIP MIAMI FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE SD	NAME JIMENEZ, LOURDES	2.1 TITLE VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4760 N.W. 102TH AVE, #103	CITY-ST-ZIP MIAMI FL	2.2 NAME LOURDES JIMENEZ	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE TD	NAME GIR, ADITA	3.1 TITLE T/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4760 N.W. 102ND AVENUE	CITY-ST-ZIP MIAMI FL	3.2 NAME JOSE A. CORTAZAR	
		3.3 STREET ADDRESS 4760 NW 102 AVE., 104	
		3.4 CITY-ST-ZIP MIAMI, FL 33178	
TITLE	NAME	4.1 TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME BILL OLEJASZ	
		4.3 STREET ADDRESS 4760 NW 102 AVE, 206	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Estela R. Henriquez* **2/22/96** **585-6714**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)