FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **POCUMENT #**Corporation Name

N25644

(8)

DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 8

ASSOCIATION, INC. Principal Place of Business Mailing Address % GAURANTEE MANAGEMENT SERVICE **GUARANTEE MANAGEMENT SERVICE** 3. Date incorporated or Qualified 111 FONTAINBLEAU BLVD 111 FONTAINBLEAU BLVD 03/29/1988 MIAMI FL 33172 MIAMI FL 33172 US Applied For 65-0052650 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Regulred Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes Yes ☐ No Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 ☐ Yes 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name **DENNIS, EISINGER** Street Address (P.O. Box Number is Not Acceptable) 19495 BISCAYNE BLVD 83 SUITE 606 NO. MAMI BEACH FL FL 33180 84 City 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, typied 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 DELETE ☐ Change 1.1 TITLE HENRIQUEZ, ESTELA R. NAME 1.2 NAME STREET ADDRESS 4760 N.W. 102TH AVE, #107 1.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 1.4 CITY-ST-ZIP TITLE DELETE VPD 2.1 TITLE ☐ Change ☐ Addition NAME JIMENEZ, LOURDES 2.2 NAME 4760 N.W. 102TH AVE, #103 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE CORTAZAR, JOSE A. NAME 3.2 NAME 4760 N.W. 102ND AVENUE STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.4. CITY-ST-ZIP X DELETE TITLE 4.1 TITLE Change ■ Addition ROCA, NINA OLEJASZ, BILL 4. 2 NAME 4760 NW 102 AVE., #204 STREET ADDRESS 4760 NW 102 AVENUE #206 4.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP MIAMI FL 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

Thereby 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 annual report or suppliemental 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 roceiver 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

goteln R. D.

FILED

Feb 16 1998 8:00am

Secretary of State