

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25644

FILED
Mar 27, 2009
Secretary of State

Entity Name: DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 8 ASSOCIATION, INC.

Current Principal Place of Business:

ALLIED PROPERTY GROUP, INC
12350 SW 132 CT. #114
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

ALLIED PROPERTY GROUP, INC
12350 SW 132 CT. # 114
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-0052650 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENNIS, EISINGER
4000 HOLLYWOOD BLVD SUITE 2655
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HENRIQUEZ, AUBERTO
Address: 4760 NW 102 AVE #107
City-St-Zip: MIAMI, FL 33178

Title: S () Delete
Name: CORTAZAR, JOSE
Address: 4760 NW 102 AVE #104
City-St-Zip: MIAMI, FL 33178

Title: T () Delete
Name: GIR, AYIDITIR
Address: 4760 NW 102 AVE # 204
City-St-Zip: MIAMI, FL 33178

Title: S () Delete
Name: JIMENEZ, EUGENLO
Address: 4760 NW 102 AVE #103
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HENRIQUEZ, AUBERTO
Address: 4760 NW 102 AVE #107
City-St-Zip: MIAMI, FL 33178

Title: SD (X) Change () Addition
Name: CORTAZAR, JOSE
Address: 4760 NW 102 AVE #104
City-St-Zip: MIAMI, FL 33178

Title: TD (X) Change () Addition
Name: GIR, ADITYA
Address: 4760 NW 102 AVE # 204
City-St-Zip: MIAMI, FL 33178

Title: SD (X) Change () Addition
Name: JIMENEZ, EUGENIO
Address: 4760 NW 102 AVE #103
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUBERTO HENRIQUEZ

PD

03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date