


FILE NOW: FILING FEE IS \$61.25

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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90109 036 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25645

1. Corporation Name
DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 9 ASSOCIATION, INC.

Principal Place of Business C/O THE CONINENTAL GROUP 12079 SW 131 AVE MIAMI FL 33186	Mailing Address C/O THE CONINENTAL GROUP 12079 SW 131 AVE MIAMI FL 33186
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/29/1988
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0052647
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip Country	29 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent EISINGER, DENNIS, ESQUIRE C/O BUCHANAN AND INGERSOLL 19495 BISCAYNE BOULEVARD, STE 606 N MIAMI BEACH FL 33180	10. Name and Address of New Registered Agent 81 Name PHILLIPS, EISINGER, KOSS <i>Att: Dennis Eisinger</i> 82 Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD. 83 SUITE #265 SOUTH 84 City HOLLYWOOD FL 85 Zip Code 33021
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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 *[Signature]* DATE **4/2/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREELAND, ROSA	1.2 NAME	
STREET ADDRESS	4740 N.W. 102 AVE. #102	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VPO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBOZ, LILY	2.2 NAME	
STREET ADDRESS	4730 N.W. 102 AVE. #108	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLORENTINO, GONZALEZ	3.2 NAME	
STREET ADDRESS	4720 N.W. 102 AVE., #203	3.3 STREET ADDRESS	S/T/D LAPATA, DIANE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	4720 N.W. 102 AVENUE, #103 MIAMI, FL 33178
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]* DATE: **3/2/99** DAYTIME PHONE: **305-591-4086**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/1/98)