

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90123 035 ****61.25

DOCUMENT # N25645

1. Entity Name

DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 9

Principal Place of Business

Mailing Address

C/O THE CONINENTAL GROUP
 12079 SW 131 AVE
 MIAMI FL 33186

C/O THE CONINENTAL GROUP
 12079 SW 131 AVE
 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

65-0052647

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PHILLIPS, EISINGER, KOSS
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** Delete
 NAME **FREELAND, ROSA**
 STREET ADDRESS **4740 N.W. 102 AVE. #102**
 CITY-ST-ZIP **MIAMI FL**

TITLE **STD** Change Addition
 NAME **Zapata, Diane**
 STREET ADDRESS **4720 NW 102 Avenue #103**
 CITY-ST-ZIP **Miami, Fl 33178**

TITLE **VPD** Delete
 NAME **TOBOZ, LILY**
 STREET ADDRESS **4730 N.W. 102 AVE. #108**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** Delete
 NAME **ZAPATA, DIANE**
 STREET ADDRESS **4720 NW 102 AVE #103**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 all other like empowered.

SIGNATURE: *Rosa Freeland* **ROSALINDA FREELAND** Date **3/3/00** 305-591-4086
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)