

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90036 011 ****61.25

DOCUMENT # N25645

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



Principal Place of Business
**ALLIED PROPERTY GROUP, INC.
13200 SW 128 ST., SUITE B-2
MIAMI, FL 33186**

Mailing Address
**ALLIED PROPERTY GROUP, INC.
13200 SW 128 ST., SUITE B-2
MIAMI, FL 33186**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Allied Property Group, Inc.

Suite, Apt. #, etc.

Allied Property Group, Inc.

City & State **13200 SW 128 St., Suite B-2
Miami, Florida 33186**

City & State **13200 SW 128 St., Suite B-2
Miami, Florida 33186**

Zip Country

Zip Country

01142006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0052647

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PHILLIPS, EISINGER, KOSS
4000 HOLLYWOOD BLVD
SUITE #265 S
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FREELAND, ROSA
STREET ADDRESS 4740 N.W. 102 AVE. #102
CITY-ST-ZIP MIAMI, FL

TITLE S ☐ Delete
NAME MILLS, JOHN
STREET ADDRESS 4720 NW 102 AVE #204
CITY-ST-ZIP MIAMI, FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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 exemptions contained 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 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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/06

Date

Daytime Phone #