

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31890

1. Corporation Name

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

3-2556
B 2680
(9)
11



Principal Place of Business

Mailing Address

% THE CONTINENTAL GROUP
12079 SW 131 AVENUE
MIAMI FL 33186

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12079 SW 131 AVENUE
MIAMI FL 33186

3. Date Incorporated or Qualified 04/24/1989
3a. Date of Last Report 03/02/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0155537		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EISINGER, DENNIS
BUCHANAN & INGERSOLL
19495 BISCAYNE BLVD., SUITE 606
N. MIAMI BEACH FL 33180

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. P/D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	Arcejo, Ruben
NAME	ARCEJO, RUBEN	1.2 NAME	4690 NW 102 Avenue #102
STREET ADDRESS	4690 NW 102 AVE. #102	1.3 STREET ADDRESS	Miami, Florida 33178
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VP/D
NAME	MORALES, MAURICIO	2.2 NAME	Tandazo, Oscar
STREET ADDRESS	4700 NW 102 AVE. #101	2.3 STREET ADDRESS	4700 NW 102 Avenue
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Florida 33178
TITLE	STD	3.1 TITLE	S/D
NAME	SULLIVAN, LISA	3.2 NAME	Perez, Margarita
STREET ADDRESS	4700 NW 102 AVE. #101	3.3 STREET ADDRESS	4700 NW 102 Avenue
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, Florida 33178
TITLE	PD	4.1 TITLE	
NAME	HEITMAN, BOB	4.2 NAME	
STREET ADDRESS	4700 NW 102 AVE #203	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Ruben Arcejo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96 477-1423
Date Daytime Phone #

CR2E037 (12/95)