


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31890 (9)
1. Corporation Name
**DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 1
1 ASSOCIATION, INC.**

Principal Place of Business % THE CONTINENTAL GROUP 12079 SW 131 AVENUE MIAMI FL 33186	Mailing Address % THE CONTINENTAL GROUP 12079 SW 131 AVENUE MIAMI FL 33186-6475
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3. Date Incorporated or Qualified 04/24/1989	3a. Date of Last Report 03/25/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 65-0155537	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	ARCELO, RUBEN
STREET ADDRESS	4690 NW 102 AVE. #102
CITY-ST-ZIP	MIAMI FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	TANDAZO, OSCAR
STREET ADDRESS	4700 NW 102 AVE. #101
CITY-ST-ZIP	MIAMI FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	PEREZ, MARGARITA
STREET ADDRESS	4700 NW 102 AVE. #101
CITY-ST-ZIP	MIAMI FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	HEITMAN, BOB
STREET ADDRESS	4700 NW 102 AVE #203
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bernice Sheldon
1.3 STREET ADDRESS	4700 NW 102 Ave.,
1.4 CITY-ST-ZIP	Miami, FL 33178
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SD
2.3 STREET ADDRESS	Orlando Acevedo
2.4 CITY-ST-ZIP	4690 NW 102 Ave., #103
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

Handwritten: 1-1-97

CR2E037 (9/96)