

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90421 035 ****61.25

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DOCUMENT # N31890 1. Entity Name DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 11 ASSOCIATION, INC.					
Principal Place of Business 9737 NW 41ST STREET PMB #251 MIAMI, FL 33178			Mailing Address 9737 NW 41ST STREET PMB #251 MIAMI, FL 33178		
2. Principal Place of Business Suite, Apt. etc. Allied Property Group, Inc. 13200 SW 128 St., Suite B-2		3. Mailing Address Suite, Apt. Allied Property Group, Inc. 13200 SW 128 St., Suite B-2			
City & State Miami, Florida 33186		City & State Miami, Florida 33186		4. FEI Number 65-0155537	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$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 LAW OFFICES of Tony Pomprinya Street Address (P.O. Box Number is Not Acceptable) 10800 Biscayne Blvd. Suite 988 City Miami FL Zip Code 33161	
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 LAW OFFICES of Tony Pomprinya <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/20/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SILVA, MARIA 4700 NW 102 AVE., #102 MIAMI, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRETT, LISA 4690 NW 102 AVE #204 MIAMI, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEROY, BERNIE 4700 NW 102 AVE., #101 MIAMI, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTIAGO, JOSE 4700 NW 102 AVE #202 MIAMI, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Jim Barrett <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 04-25-05 <small>Daytime Phone #</small>	