

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 07 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # N31891 (7)**  
1. Corporation Name  
**DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 1  
2 ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
C/O THE CONTINENTAL GROUP 12079 S.W. 131 AVENUE MIAMI FL 33186	C/O THE CONTINENTAL GROUP 12079 S.W. 131 AVENUE MIAMI FL 33186-6475

3. Date Incorporated or Qualified <b>04/24/1989</b>	3a. Date of Last Report <b>06/27/1996</b>
4. FEI Number <b>65-0155538</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 City & State	30 Country

**9. Name and Address of Current Registered Agent**  
**PHILLIPS, EISINGER, KOSS  
ATTN D. EISINGER  
4000 HOLLYWOOD, SUITE 265 SOUTH  
HOLLYWOOD FL 33021**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	STAIR, PETER	
STREET ADDRESS	4710 NW 102 AVE. #101	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PENA, FRANCIS	
STREET ADDRESS	4710 NW 102 AVE. #103	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	CAMEJO, MADELINE	
STREET ADDRESS	4710 NW 102 AVENUE #102	
CITY-ST-ZIP	MIAMI FL 33178	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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, 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 (attach an attachment with an address.

**SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED**

CR2E037 (9/96)