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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N31891

1. Corporation Name

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

Principal Place of Business

C/O THE CONTINENTAL GROUP
 12079 S.W. 131 AVENUE
 MIAMI FL 33186

Mailing Address

C/O THE CONTINENTAL GROUP
 12079 S.W. 131 AVENUE
 MIAMI FL 33186



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/24/1989

4. FEI Number

65-0155538

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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

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

TITLE PD DELETE
 NAME STAIR, PETER
 STREET ADDRESS 4710 NW 102 AVE. #101
 CITY-ST-ZIP MIAMI FL 33178

TITLE D DELETE
 NAME PENNA, FRANCIS
 STREET ADDRESS 4710 NW 102 AVE. #103
 CITY-ST-ZIP MIAMI FL 33178

TITLE TSD DELETE
 NAME CAMEJO, MADELINE
 STREET ADDRESS 4710 NW 102 AVENUE #102
 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D Change Addition
 1.2 NAME FUENTES, GLADYS
 1.3 STREET ADDRESS 4710 N.W. 102 AVENUE, #102
 1.4 CITY-ST-ZIP MIAMI, FL 33178

2.1 TITLE T/D Change Addition
 2.2 NAME LAJARIN, JAIME
 2.3 STREET ADDRESS 4710 N.W. 102 AVENUE, #202
 2.4 CITY-ST-ZIP MIAMI, FL 33178

3.1 TITLE S/D Change Addition
 3.2 NAME DABAL, CONNIE
 3.3 STREET ADDRESS 4710 N.W. 102 AVENUE, #103
 3.4 CITY-ST-ZIP MIAMI, FL 33178

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/99 (305) 593-8271

0028430

CR2F037-141/98