

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90012 013 \*\*\*\*61.25

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

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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 Trust Fund Contribution

**\$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 PENA, 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

CR2F037-141/98