


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 8:00 am
Secretary of State

02-01-2006 90012 019 ****61.25

DOCUMENT # N31891	
1. Entity Name DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 12 ASSOCIATION, INC.	

Principal Place of Business ALLIED PROPERTY GROUP INC 132 SW 128 ST #B2 MIAMI, FL 33186	Mailing Address ALLIED PROPERTY GROUP INC 132 SW 128 ST #B2 MIAMI, FL 33186 US
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2. Principal Place of Business Suite, Apt. #, etc. Allied Property Group, Inc. 13200 SW 128 St, Suite B-2 Miami, Florida 33186	3. Mailing Address Suite, Apt. #, etc. Allied Property Group, Inc. 13200 SW 128 St, Suite B-2 Miami, Florida 33186
City 13200 SW 128 St, Suite B-2 Miami, Florida 33186	City & State 13200 SW 128 St, Suite B-2 Miami, Florida 33186
Zip 33186	Country US



01142006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0155538	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PHILLIPS, EISINGER, KOSS ATTN D. EISINGER 4000 HOLLYWOOD, SUITE 265 SOUTH HOLLYWOOD, FL 33021	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	PD FUENTES, GLADYS 4710 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	TD BUYERS, MARIA 4710 NW 102 AVE #201 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
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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 exemptions contained in Chapter 119, 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:  **308 232-1579**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #