

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44545

FILED
Feb 24, 2012
Secretary of State

Entity Name: DORAL WOODS HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

101 PARK PLACE BLVD
SUITE 2
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

101 PARK PLACE BLVD
SUITE 2
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-3116850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSOCIATION MANAGEMENT GROUP OF CENTRAL FL
101 PARK PLACE BLVD.
SUITE 2
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: HEATER, WILLIAM MR.
Address: 101 PARK PLACE BLVD., SUITE 2
City-St-Zip: KISSIMMEE, FL 34741

Title: PD
Name: KODET, JAMES MR.
Address: 101 PARK PLACE BLVD., SUITE 2
City-St-Zip: KISSIMMEE, FL 34741

Title: TD
Name: MUDGER, PAUL MR.
Address: 101 PARK PLACE BLVD., SUITE 2
City-St-Zip: KISSIMMEE, FL 34741

Title: SD
Name: MUDGER, JUDY MRS.
Address: 101 PARK PLACE BLVD., SUITE 2
City-St-Zip: KISSIMMEE, FL 34741

Title: VPD
Name: KODET, JAIN MRS.
Address: 101 PARK PLACE BLVD., SUITE 2
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES KODET

PRES

02/24/2012

Electronic Signature of Signing Officer or Director

Date