

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 18, 2010
Secretary of State

DOCUMENT# N45139

Entity Name: VILLAGE OF DORAL COVE ASSOCIATION, INC.**Current Principal Place of Business:**12350 SW 132 CT.
114
MIAMI, FL 33186 US**New Principal Place of Business:****Current Mailing Address:**12350 SW 132 CT.
114
MIAMI, FL 33186 US**New Mailing Address:****FEI Number:** 65-0324673 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PRESAUD, NP, SAM
10631 N. KENDALL DRIVE
205
MIAMI, FL 33176 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:** T
Name: VERA, DORA
Address: 12350 SW 132 CT. STE 114
City-St-Zip: MIAMI, FL 33186**Title:** D
Name: VALDES CHAO, JOSE
Address: 12350 SW 132 CT. STE. 114
City-St-Zip: MIAMI, FL 33186**Title:** P
Name: SGANGA, RAQUEL
Address: 12350 SW 132 CT. STE. 114
City-St-Zip: MIAMI, FL 33186**Title:** VP
Name: HOREA, MABELLE
Address: 12350 SW 132 CT. STE. 114
City-St-Zip: MIAMI, FL 33186**Title:** S
Name: MARTINO WEINER, MICAELA
Address: 12350 SW 132 CT. STE. 114
City-St-Zip: DORAL, FL 33186

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: RAQUEL SGANGA

P

08/18/2010

Electronic Signature of Signing Officer or Director

Date