## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N45140

FILED Mar 30, 2009 Secretary of State

Entity Name: VILLAGE OF DORAL GLEN ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** C/O: ALLIED PROPERTY GROUP 12350 SW 132 CT. #114 MIAMI, FL 33186 **New Mailing Address: Current Mailing Address:** C/O ALLIED PROPERTY GROUP, INC. 12350 SW 132 CT. # 114 MIAMI, FL 33186 FEI Number: 65-0324675 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SKRLD, INC 201 ALHAMBRA CIRCLE SUITE 112 MIAMI, FL 33134 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GONZALEZ, ROGER Name: Name: 10530 NW 51 ST. Address: Address: MIAMI, FL 33178 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition TRYBULSKI, EDUMND Name: Name: Address: 10578 NW 51 LN. Address: City-St-Zip: MIAMI, FL 33178 City-St-Zip: Title: () Delete Title: VPD (X) Change ( ) Addition ORTEGA, WALDO ORTEGA, WALDO Name: Name: 10542 NW 51 ST. Address: Address: 10542 NW 51 ST. City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33178 Title: ( ) Delete Title: SD (X) Change ( ) Addition Name: ALVAREZ, ANGEL Name: ALVAREZ, ANGEL 10560 NW 51 TERR 10560 NW 51 TERR Address: Address: City-St-Zip: DORAL, FL 33178 City-St-Zip: DORAL, FL 33178 Title: ( ) Delete Title: () Change () Addition VAN BALEN, JORGE Name: Name: 5165 NW 105 COURT Address: Address: City-St-Zip: MIAMI, FL 33178 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition GOMEZ, EDUARDO Name: Name: Address: Address: 5139 NW 106 AVENUE MIAMI, FL 33178 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROGER GONZALEZ PD 03/30/2009