

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 18 PM 11:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N48371 (1)

1. Corporation Name

DORAL HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**111 FONTAINEBLEAU BLVD.
MIAMI FL 33172**

Mailing Address

**111 FONTAINEBLEAU BLVD.
MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/15/1992** 3a. Date of Last Report **04/18/1994**

4. FEI Number **APPLIED FOR 65-0475431** Applied For ☐ Not Applicable ☐

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FEELEY, MORRIS J
111 FONTAINEBLEAU BLVD.
MIAMI FL 33172**

81 Name **Feeley, John J.**
82 Street Address (P.O. Box Number is Not Acceptable) **111 Fontainebleau Blvd.**
83
84 City **Miami** FL 85 Zip Code **33172**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when requesting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **RD**
NAME **SANTURIO, CARMEN**
STREET ADDRESS **730 NW 107 AVE.**
CITY - ST - ZIP **MIAMI FL**

1.1 TITLE **Pres. /D** ☒ Change ☐ Addition
1.2 NAME **George Gonzalez**
1.3 STREET ADDRESS **9755 NW 52nd Street, #511**
1.4 CITY - ST - ZIP **Miami, FL**

TITLE **RD**
NAME **HUTSON, ROBERT**
STREET ADDRESS **730 NW 107 AVE.**
CITY - ST - ZIP **MIAMI FL**

2.1 TITLE **Vice Pres.** ☒ Change ☐ Addition
2.2 NAME **Jorge Angulo**
2.3 STREET ADDRESS **9755 NW 52nd Street, #519**
2.4 CITY - ST - ZIP **Miami, FL**

TITLE **RD**
NAME **GEARY, DENISE**
STREET ADDRESS **730 NW 107 AVE.**
CITY - ST - ZIP **MIAMI FL**

3.1 TITLE **Secretary /D** ☒ Change ☐ Addition
3.2 NAME **Odel G. Torres**
3.3 STREET ADDRESS **9755 NW 52nd Street, #204**
3.4 CITY - ST - ZIP **Miami, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE **Asst. Secretary** ☐ Change ☒ Addition
4.2 NAME **Juan Cardenas**
4.3 STREET ADDRESS **9755 NW 52nd Street, #508**
4.4 CITY - ST - ZIP **Miami, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE **Treas. /D** ☐ Change ☒ Addition
5.2 NAME **Alfredo Fresno**
5.3 STREET ADDRESS **9755 NW 52nd Street, #507**
5.4 CITY - ST - ZIP **Miami, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

050781