

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90003 010 ****61.25

0034083

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48371

1. Corporation Name

DORAL HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**GUARANTEE MANAGEMENT SERVICE
111 FONTAINEBLEAU BLVD
MIAMI FL 33172
US**

Mailing Address

**GUARANTEE MANAGEMENT SERVICE
111 FONTAINEBLEAU BLVD
MIAMI FL 33172
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/15/1992

4. FEI Number

65-0475431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**MELONI, EDOARDO
HYMAN & KAPLAN P A
150 WEST FLAGLER ST 27TH FLOOR
MIAMI FL 33130**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **VIDALON, ADA-LEE**
CITY-ST-ZIP **9755 NW 52ND ST #408 MIAMI FL**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **TORRES, ODEL G**
CITY-ST-ZIP **9755 NW 52ND ST MAIMI, FL MIAMI FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GUERRERO, JOSE**
CITY-ST-ZIP **9755 NW 52ND ST, #103 MIAMI FL 33178**

TITLE ☒ DELETE
NAME **TD**
STREET ADDRESS **HART, MARK**
CITY-ST-ZIP **9724 NW 29 ST MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **VP**
3.3 STREET ADDRESS **Guerrero, Jose**
3.4 CITY-ST-ZIP **9755 NW 52 St, #103 MIAMI, FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **T**
4.3 STREET ADDRESS **Sotomayor, Herman**
4.4 CITY-ST-ZIP **9755 NW 52 St, #517 MIAMI, FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **S**
5.3 STREET ADDRESS **Vidalon, Armando**
5.4 CITY-ST-ZIP **9755 NW 52 St, #408 MIAMI, FL**

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)