


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90015 038 *****70.00

DOCUMENT # N48371 1. Entity Name DORAL HOUSE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O COURTESY PROPERTY MANAGEMENT 13250 SW 135 AVENUE MIAMI, FL 33186 US			Mailing Address C/O COURTESY PROPERTY MANAGEMENT 13250 SW 135 AVENUE MIAMI, FL 33186 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0475431	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STEVEN, FEIN 900 SW 40 AVE PLANTATION, FL 33317			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORRES, ODEL G		NAME		
STREET ADDRESS	9755 NW 52ND ST, MAIMI, FL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	TP <input type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUERRERO, JOSE		NAME	Guerrero, Jose	
STREET ADDRESS	9755 NW 52ND ST, #103		STREET ADDRESS	9755 NW 52nd St, #103	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	Miami, FL 33178	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIEDRA, GLORIA		NAME		
STREET ADDRESS	9755 NW 52 ST. #419		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORTEGA, RAY		NAME		
STREET ADDRESS	9755 NW 52 ST #505		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Sotomayor, Ernie	
STREET ADDRESS			STREET ADDRESS	9755NW52nd St. 517	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33178	
TITLE	<input type="checkbox"/> Delete		TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Caban, Benjamin	
STREET ADDRESS			STREET ADDRESS	9755 NW 52nd St. 205	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33178	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			1/27/04 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					