

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

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**



03082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0475431

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STEVEN, FEIN
900 SW 40 AVE
PLANTATION, FL 33317**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VERDECIA, CARLOS 9755 NW 52 ST #202 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUERRERO, JOSE 9755 NW 52ND ST, #103 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOTOMAYOR, ERNIE 9755 NW 52ND ST., #517 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORTEGA, RAY 9755 NW 52ND STREET #505 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROVIRA, JAIME 9755 NW 52 STREET #304 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000687826
04/10/07-80055-007 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-07

Date

(305) 206-6164

Daytime Phone #