

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002091

FILED
Feb 24, 2009
Secretary of State

Entity Name: VILLAGE OF DORAL SANDS ASSOCIATION, INC.

Current Principal Place of Business:

C/O MIAMI MGMNT INC.
14275 SW 142 AVE
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

C/O MIAMI MGMNT INC.
14275 SW 142 AVE
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-0527141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIAY, CARLOS A
3750 SW 87TH AVE
SUITE 100
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

TRIAY, CARLOS A
2301 NW 87 AVENUE
501
MIAMI, FL 33172 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:

02/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GEOFROY, MIRTA
Address: 10609 NW 54ST
City-St-Zip: DORAL, FL 33178

Title: PD () Delete
Name: HERNANDEZ, PETER
Address: 10613 NW 52 TERRACE
City-St-Zip: DORAL, FL 33178

Title: SD () Delete
Name: MURATI, JAIME
Address: 10639 NW 54 ST.
City-St-Zip: DORAL, FL 33178

Title: TD () Delete
Name: INCLARTE, LUISA
Address: 10625 NW 52 TERR.
City-St-Zip: DORAL, FL 33178

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: INCIARTE, LUISA
Address: 10625 NW 52 TERR.
City-St-Zip: DORAL, FL 33178

Title: D () Change (X) Addition
Name: STEFAN, ALEXANDRA
Address: 5324 NW 106 COURT
City-St-Zip: DORAL, FL 33178

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: JOSE R CORBO

MNGR

02/24/2009

Electronic Signature of Signing Officer or Director

Date