


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90129 032 ****70.00

DOCUMENT # N93000003216 1. Entity Name DORAL HOUSE CONDOMINIUM NO. 2 ASSOCIATION, INC.																																																																																																																																																					
Principal Place of Business 13250 SW 135TH AVE MIAMI, FL 33186			Mailing Address 13250 SW 135TH AVE MIAMI, FL 33186																																																																																																																																																		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																			
City & State		City & State																																																																																																																																																			
Zip	Country	Zip	Country																																																																																																																																																		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																																																	
SKRLD, INC. 201 ALHAMBRA CIRCLE STE. 1102 CORAL GABLES, FL 33134				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, 2008		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																																																																																																																																																			
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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: <i>[Signature]</i> PRESIDENT 3/29/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																					
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