

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003216

FILED  
Mar 28, 2011  
Secretary of State

**Entity Name:** DORAL HOUSE CONDOMINIUM NO. 2 ASSOCIATION, INC.

## Current Principal Place of Business:

C/O COURTESY PROPERTY MANAGEMENT  
13250 SW 135TH AVE  
MIAMI, FL 33186 US

## New Principal Place of Business:

C/O UNLIMITED PROPERTY MANAGEMENT  
7665 NW 50 STREET  
MIAMI, FL 33166 US

## Current Mailing Address:

C/O COURTESY PROPERTY MANAGEMENT  
13250 SW 135TH AVE  
MIAMI, FL 33186 US

## New Mailing Address:

C/O UNLIMITED PROPERTY MANAGEMENT  
7665 NW 50 STREET  
MIAMI, FL 33166 US

FEI Number: 65-0549188

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HORNIK, ALEX S ESQ  
2200 SUNTRUST INT'L CENTER  
ONE SOUTHEAST THIRD AVENUE  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

FEIN, STEVEN ESQ  
900 SW 40TH AVENUE  
PLANTATION, FL 33317 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: STEVEN FEIN

03/28/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: PICHARDO, LUIS MR  
Address: 7665 NW 50 STREET  
City-St-Zip: MIAMI, FL 33166 US

Title: VP  
Name: LOPEZ, ROBERTO MR  
Address: 7665 NW 50 STREET  
City-St-Zip: MIAMI, FL 33166 US

Title: T  
Name: FAURA, MIGUEL MR  
Address: 7665 NW 50 STREET  
City-St-Zip: MIAMI, FL 33166 US

Title: S  
Name: MENDOZA, MAURICIO MR  
Address: 7665 NW 50 STREET  
City-St-Zip: MIAMI, FL 33166 US

Title: D  
Name: ANTON, IVONNE MS  
Address: 7665 NW 50 STREET  
City-St-Zip: MIAMI, FL 33166 US

I hereby 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 all other like empowered.

SIGNATURE: LUIS PICHARDO

P

03/28/2011

Electronic Signature of Signing Officer or Director

Date