

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

| | | | | | |
|--|----------------------------------|--|--|--|--|
| DOCUMENT # N94000004770 | | | | | |
| 1. Entity Name VILLAGE OF DORAL CHASE ASSOCIATION, INC. | | | | | |
| Principal Place of Business 14275 SW 142 AVENUE MIAMI, FL 33186 US | | | Mailing Address C/O MIAMI MANAGEMENT INC. 14275 SW 142 AVE MIAMI, FL 33178 | | |
| 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 | 08282007 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 65-0635621 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired | | | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIR STE 1102 CORAL GABLES, FL 33134 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | City | | |
| FL | | | Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE PD | NAME PIANA, SEBASTIANO | <input checked="" type="checkbox"/> Delete | | TITLE VP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 4531 NW 98 AVE | MIAMI, FL 33178 | | NAME 6000 Y ESTRELLA | 4745 NW 45 LN | |
| CITY-ST-ZIP MIAMI, FL 33178 | | | STREET ADDRESS DORAL FL 33178 | DORAL FL 33178 | |
| TITLE VPD | NAME RESILLEZ, IGNACIO | <input checked="" type="checkbox"/> Delete | | TITLE S | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 9843 NW 43 TERR | MIAMI, FL 33178 | | NAME VARGAS ZULMA | 1441 NW 97 CT | |
| CITY-ST-ZIP MIAMI, FL 33178 | | | STREET ADDRESS DORAL FL 33178 | DORAL FL 33178 | |
| TITLE SD | NAME ZIENTEK, GUSTAVO | <input checked="" type="checkbox"/> Delete | | TITLE O | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 9744 NW 45 LN | MIAMI, FL 33178 | | NAME ELZEY AISHA | 1427 NW 97 CT | |
| CITY-ST-ZIP MIAMI, FL 33178 | | | STREET ADDRESS DORAL FL 33178 | DORAL FL 33178 | |
| TITLE TD | NAME MCGEE, GIGI N | <input type="checkbox"/> Delete | | TITLE TD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 4435 NW 97 CT | MIAMI, FL 33178 | | NAME MCGEE GIGI | 4435 NW 97 CT | |
| CITY-ST-ZIP MIAMI, FL 33178 | | | STREET ADDRESS MIAMI FL 33178 | MIAMI FL 33178 | |
| TITLE D | NAME BOYETTE, STEFANI | <input type="checkbox"/> Delete | | TITLE P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 9763 NW 45 LN | MIAMI, FL 33178 | | NAME BOYETTE STEPHANIE | 4763 NW 45 LN | |
| CITY-ST-ZIP MIAMI, FL 33178 | | | STREET ADDRESS MIAMI FL 33178 | MIAMI FL 33178 | |
| TITLE | NAME | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | NAME | | |
| CITY-ST-ZIP | | | STREET ADDRESS | | |
| 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>KATHLEEN ROSE HANCOCK</i> Date: 8/28/07 305 254-1454 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # | | | | | |

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07 SEP 17 AM 7:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08282007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0635621

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.
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Amended AR is \$61.25 9. Election Campaign Financing Trust Fund Contribution. ☐ \$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: _____ KATHLEEN ROSE HANCOCK Date: 8/28/07 305 254-1454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

nc 9/10