
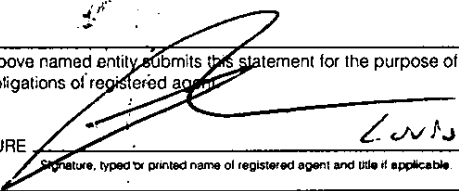



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 24, 2008 8:00 am**  
**Secretary of State**

07-24-2008 90015 011 \*\*\*\*61.25

<b>DOCUMENT # N95000005106</b>					
1. Entity Name DORAL ISLES COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 6450 NW 110TH AVENUE DORAL, FL 33178 US			Mailing Address C/O PROGRESSIVE MANAGEMENT ASSOCIATES, INC 5400 SOUTH UNIVERSITY DRIVE, STE 101 DAVIE, FL 33328 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>6450 NW 110th Ave</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>Doral, FL</i>		4. FEI Number 65-0645826	
Zip	Country	Zip <i>33178</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARS, GARY ESQ. HYMAN KAPLAN GANGUZZA SPECTOR & MARS 150 W FLAGLER ST, MUSEUM TOWER, 27 FLOOR MIAMI, FL 33130			Name <i>Louis Caplan - Sachs &amp; Sax</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>301 Yamato Road</i>		
			Suite <i>4150</i>		
			City <i>Boca Raton</i>		FL Zip Code <i>33431</i>
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 			DATE <i>7/17/08</i>		
Filing Fee is \$61.25 Due by September 12, 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	Change <input checked="" type="checkbox"/> Addition
NAME	FENDELL, JAMES		NAME	<i>Jeine V. Ilegas</i>	
STREET ADDRESS	1001 N FEDERAL HWY., STE. 248		STREET ADDRESS	<i>6450 NW 110th Ave</i>	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009		CITY-ST-ZIP	<i>Doral FL 33178</i>	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	Change <input checked="" type="checkbox"/> Addition
NAME	KLARE, STEVEN		NAME	<i>Luis G. Picarro</i>	
STREET ADDRESS	1001 N FEDERAL HWY., STE. 248		STREET ADDRESS	<i>6450 NW 110th Ave</i>	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009		CITY-ST-ZIP	<i>Doral FL 33178</i>	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DT	Change <input checked="" type="checkbox"/> Addition
NAME	VIVAS, ALBERT		NAME	<i>John Alexander</i>	
STREET ADDRESS	1001 N FEDERAL HWY., STE. 248		STREET ADDRESS	<i>6450 NW 110th Ave</i>	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009		CITY-ST-ZIP	<i>Doral FL 33178</i>	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	Change <input checked="" type="checkbox"/> Addition
NAME	VAN NAME, MARIA		NAME	<i>Alina Coraballo</i>	
STREET ADDRESS	1001 N FEDERAL HWY., STE. 248		STREET ADDRESS	<i>6450 NW 110th Ave</i>	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009		CITY-ST-ZIP	<i>Doral FL 33178</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, JOHN		NAME	<i>Filipe Pedrosa</i>	
STREET ADDRESS	1001 N FEDERAL HWY., STE. 248		STREET ADDRESS	<i>6450 NW 110th Ave</i>	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009		CITY-ST-ZIP	<i>Doral FL 33178</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	Change <input checked="" type="checkbox"/> Addition
NAME	DE OLIVEIRA, SASHIA		NAME	<i>Marwan Matar</i>	
STREET ADDRESS	1001 N FEDERAL HWY., STE 248		STREET ADDRESS	<i>6450 NW 110th Ave</i>	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009		CITY-ST-ZIP	<i>Doral FL 33178</i>	
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 officers empowered.					
SIGNATURE: 			Date <i>07/09/08</i>		Daytime Phone # <i>305 436 3010</i>