

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005106

FILED  
Jan 20, 2011  
Secretary of State

**Entity Name:** DORAL ISLES COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

6450 NW 110TH AVENUE  
DORAL, FL 33178 US

**New Principal Place of Business:**

**Current Mailing Address:**

6450 NW 110TH AVENUE  
DORAL, FL 33178 US

**New Mailing Address:**

**FEI Number:** 65-0645826

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAPLAN, LOUIS ESQ  
SACHS SAX CAPLAN  
6111 BROKEN SOUND PARKWAY NW, # 200  
BOCA RATON, FL 33487 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALVAREZ, MARIA  
Address: 6450 NW 110TH AVE  
City-St-Zip: DORAL, FL 33178

Title: VP  
Name: MORENO, ONEIDA  
Address: 6450 NW 110TH AVE  
City-St-Zip: DORAL, FL 33178

Title: D  
Name: VELA, JAIME  
Address: 6450 NW 110TH AVE  
City-St-Zip: DORAL, FL 33178

Title: SD  
Name: CARABALLO, ALINA  
Address: 6450 NW 110TH AVE  
City-St-Zip: DORAL, FL 33178

Title: T  
Name: VILLEGAS, JAIME  
Address: 6450 NW 110TH AVE  
City-St-Zip: DORAL, FL 33178

Title: D  
Name: FERREIRO, DANIEL  
Address: 6450 NW 110TH AVE  
City-St-Zip: DORAL, FL 33178

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: MARIA ALVAREZ

PD

01/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date