

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000005819 (6)**

1. Corporation Name

**TOWNHOMES OF DORAL LANDINGS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**730 N.E. 107 AVENUE  
MIAMI FL 33172**

**730 N.E. 107 AVENUE  
MIAMI FL 33172**

3. Date Incorporated or Qualified

3a. Date of Last Report

**12/11/1995**

2. Principal Place of Business

2a. Mailing Address

**21 760 NW 107 Ave**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 201**

**27**

City & State

City & State

**23 Miami, Florida**

**28**

Zip

Country

Zip

Country

**24 33172**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATSKY, MORRIS J  
700 N.W. 107TH AVENUE  
MIAMI FL 33172**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD EISENMAN, TOREY**  
STREET ADDRESS **730 N.E. 107 AVENUE**  
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ DELETE

NAME **VD HUTSON, ROBERT**  
STREET ADDRESS **730 N.E. 107 AVENUE**  
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ DELETE

NAME **STD GEARY, DENISE**  
STREET ADDRESS **730 N.E. 107 AVENUE**  
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/96**  
Date

**305 559 1951**  
Daytime Phone #

CR2E037 (12/95)