

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90015 048 ****61.25

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DOCUMENT # N96000001179 1. Entity Name HOMES OF DORAL LANDINGS COMMUNITY ASSOCIATION, INC.					
Principal Place of Business COURTESY PROPERTY GMF. 13250 SW 135 AVE MIAMI, FL 33186			Mailing Address COURTESY PROPERTY GMF. 13250 SW 135 AVE MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box # 8600 NW 17th Suite, Apt. #, etc. Suite 145.		3. Mailing Address 8600 NW 17th Suite 145 Suite, Apt. #, etc. Suite 145		02122007 Chg-NP CR2E037 (12/06)	
City & State Doral Florida		City & State Doral Florida		4. FEI Number 65-0650897	
Zip 33126		Zip 33126		Country USA	
Country USA		Country USA		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 CIRCLE, SUITE 1102 DORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Eisenger, Brown, Lewis & Frankel, P.A. Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd • Suite 265 South City Hollywood FL Zip Code 33021	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 3-1-07	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD ITURRINO, EDWIN 11372 NW 52 LN DORAL, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeros, Guillermo 5371 NW 113 PLACE Doral, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AGUADO, JUAN CARLOS 5232 NW 113 PLACE DORAL, FL 33178	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SA Dennis, Andres E. 11326 NW 53 LN. Doral, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARIAS, LUIS 5316 NW 113 PLACE DORAL, DL 33178	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Agundo, Juan Carlos 5232 NW 113 PLACE Doral, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIAZ, JOSE 5134 NW 133 PLACE DORAL, FL 33178	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Costo, Adrian 11349 NW 50 TERRACE Doral, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS, ANDRES E 11326 NW 53 LN DORAL, FL 33178	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 3/1/07 Daytime Phone # 305-715-2801	