

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90028 023 ****61.25

DOCUMENT # N96000001179

1. Entity Name
**HOMES OF DORAL LANDINGS COMMUNITY
ASSOCIATION, INC.**



Principal Place of Business
**8600 NW 17TH SUITE 145
MIAMI, FL 33126**

Mailing Address
**8600 NW 17TH SUITE 145
MIAMI, FL 33126**

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

01212008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0650897

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EISINGER, BROWN, LEWIS & FRANKEL, P.A.
4000 HOLLYWOOD BLVD
SUITE 265 SOUTH
HOLLYWOOD, FL 33021**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ITURRINO, EDWIN
STREET ADDRESS 11372 NW 52 LN
CITY-ST-ZIP DORAL, FL 33178

TITLE TD ☐ Delete
NAME AGUADO, JUAN CARLOS
STREET ADDRESS 5232 NW 113 PLACE
CITY-ST-ZIP DORAL, FL 33178

TITLE SD ☐ Delete
NAME DENNIS, ANDRES E
STREET ADDRESS 11326 NW 53 LN
CITY-ST-ZIP DORAL, FL 33178

TITLE VPD ☐ Delete
NAME COSTO, ADRIAN
STREET ADDRESS 1349 NW 50 TERR
CITY-ST-ZIP DORAL, FL 33178

TITLE D ☐ Delete
NAME VEROS, GUILLERMO
STREET ADDRESS 5377 NW 113 PL
CITY-ST-ZIP DORAL, FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/08