NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL 30 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/06/02--01040--009
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DOCUMENT # N98000005600

1. Entity Name
DORAL MEADOWS HOMEOWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
c/o MIAMI MANAGEMENT, INC.	14275 SW 142 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33186 Country: DADE	Zip: 33186 Country: DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0897327 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: ~~PARLADE, ALBERTO J. ESQ.~~ Gary Mars, Esq.

Street Address (P.O. Box Number is Not Acceptable): ~~3850 SW 87th AVenue, Suite 207~~ 150 West Flagler St. Suite 2701

City: Miami FL Zip Code: ~~33165~~ 33130

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.

SIGNATURE: Gary Mars 07/16/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SELLAN, SANTIAGO
STREET ADDRESS	10911 NW 47th Lane
CITY-ST-ZIP	Miami FL 33178
TITLE	VPD
NAME	GARCIA, ALEX
STREET ADDRESS	4504 NW 109 Pass
CITY-ST-ZIP	Miami FL 33178
TITLE	SD
NAME	WINTER, CHRISTINE
STREET ADDRESS	10938 NW 47th Lane
CITY-ST-ZIP	Miami FL 33178
TITLE	DT
NAME	SCHIFFER, SUSANNE
STREET ADDRESS	10981 NW 44th Terrace
CITY-ST-ZIP	Miami FL 33178
TITLE	D
NAME	RIVAS, DARYS
STREET ADDRESS	4618 NW 109th Court
CITY-ST-ZIP	Miami FL 33178
TITLE	D
NAME	GUBA, TED
STREET ADDRESS	11109 NW 45th Terr.
CITY-ST-ZIP	Miami FL 33178

TITLE	
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Santiago Sella Santiago Sella Pres 07/16/02 305-378-0130

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TITLE	D
NAME	BARALT, MARCIAL
STREET ADDRESS	10980 NW 44th Terr.
CITY-ST-ZIP	Miami FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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