

# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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DOCUMENT # N98000005600

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



Principal Place of Business  
14275 SW 142 AVENUE  
MIAMI, FL 33186

Mailing Address  
14275 SW 142 AVENUE  
MIAMI, FL 33186

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 16 AM 8:00



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06072004

Chg-NP

CR2E037 (10/03)

*MRS*

City & State

City & State

4. FEI Number  
65-0897327

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

MARS, GARY ESQ.  
150 WEST FLAGLER STREET  
SUITE 2701  
MIAMI, FL 33130

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.

200042799702  
11/16/04--01073--001 \*\*\$61.25

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME SELLAN, SANTIAGO ☒ Delete  
STREET ADDRESS 10911 NW 46TH LANE  
CITY-ST-ZIP MIAMI, FL 33178

TITLE PD ☐ Change ☒ Addition  
NAME MARVIL, GREGORY  
STREET ADDRESS 4601 NW 109 COURT  
CITY-ST-ZIP MIAMI, FL 33178

TITLE VPD ☒ Delete  
NAME GARCIA, ALEX  
STREET ADDRESS 4504 NW 109 PASS  
CITY-ST-ZIP MIAMI, FL 33178

TITLE VPD ☐ Change ☒ Addition  
NAME SUAREZ, NELSON  
STREET ADDRESS 4464 NW 109 PASSAGE  
CITY-ST-ZIP MIAMI, FL 33178

TITLE SD ☒ Delete  
NAME PUNYED, JUAN I  
STREET ADDRESS 10910 NW 44 TERRACE  
CITY-ST-ZIP MIAMI, FL 33178

TITLE SD ☐ Change ☒ Addition  
NAME VALDES, JULIO C.  
STREET ADDRESS 10939 NW 47 LANE  
CITY-ST-ZIP MIAMI, FL 33178

TITLE DT ☒ Delete  
NAME FERRERA, ANDREW S JR  
STREET ADDRESS 11119 NW 44 TERRACE  
CITY-ST-ZIP MIAMI, FL 33178

TITLE DT ☐ Change ☒ Addition  
NAME SULLIVAN, JEANINE  
STREET ADDRESS 10773 NW 58 Street, #370  
CITY-ST-ZIP MIAMI, FL 33178

TITLE D ☒ Delete  
NAME RIVAS, DARYS  
STREET ADDRESS 4618 NW 109TH COURT  
CITY-ST-ZIP MIAMI, FL 33178

TITLE D ☐ Change ☒ Addition  
NAME MORENO, BRENDA  
STREET ADDRESS 4602 NW 109 COURT, MIAMI, FL 33178  
CITY-ST-ZIP MIAMI, FL 33178

TITLE D ☒ Delete  
NAME GUBA, TED  
STREET ADDRESS 11109 NW 45TH TERR  
CITY-ST-ZIP MIAMI, FL 33178

TITLE D ☐ Change ☒ Addition  
NAME PUNYED, JUAN I.  
STREET ADDRESS 10910 NW 44 TERRACE  
CITY-ST-ZIP MIAMI, FL 33178

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 677, 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:

GREGORY MARVIL, PRES.

10-18-04 305-378-0130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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Attachment

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 |                                                                                  |                                                                   |                                                                                                                                                                         |                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # N98000005600</b><br>1. Entity Name<br><b>DORAL MEADOWS HOMEOWNERS' ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                 |                                                                                  |                                                                   |                                                                                                                                                                         |                                                                                                                                      |
| Principal Place of Business<br><b>14275 SW 142 AVENUE<br/>MIAMI, FL 33186</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                                                  | Mailing Address<br><b>14275 SW 142 AVENUE<br/>MIAMI, FL 33186</b> |                                                                                                                                                                         |                                                                                                                                      |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |                                                                                  | 3. Mailing Address<br>Suite, Apt. #, etc.                         |                                                                                                                                                                         |                                                                                                                                      |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 |                                                                                  | City & State                                                      |                                                                                                                                                                         |                                                                                                                                      |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 | Country                                                                          |                                                                   | 4. FEI Number<br><b>65-0897327</b>                                                                                                                                      |                                                                                                                                      |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                 |                                                                                  |                                                                   | <b>\$8.75 Additional Fee Required</b>                                                                                                                                   |                                                                                                                                      |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>MARS, GARY ESQ.<br/>150 WEST FLAGLER STREET<br/>SUITE 2701<br/>MIAMI, FL 33130</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 |                                                                                  |                                                                   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 |                                                                                  |                                                                   |                                                                                                                                                                         |                                                                                                                                      |
| <b>Amended AR is \$61.25</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                   | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                      |                                                                                                                                      |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 |                                                                                  |                                                                   |                                                                                                                                                                         |                                                                                                                                      |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 |                                                                                  |                                                                   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                            |                                                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>SELLAN, SANTIAGO<br>10911 NW 46TH LANE<br>MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete      |                                                                                  |                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | D<br>DIAZ, TOMAS<br>10952 NW 47 LANE<br>MIAMI, FL 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VPD<br>GARCIA, ALEX<br>4504 NW 109 PASS<br>MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete           |                                                                                  |                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br>PUNYED, JUAN I<br>10910 NW 44 TERRACE<br>MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete       |                                                                                  |                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DT<br>FERRERA, ANDREW S JR<br>11119 NW 44 TERRACE<br>MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete |                                                                                  |                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>RIVAS, DARYS<br>4618 NW 109TH COURT<br>MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete          |                                                                                  |                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>GUBA, TED<br>11109 NW 45TH TERR<br>MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete              |                                                                                  |                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                                 |                                                                                  |                                                                   |                                                                                                                                                                         |                                                                                                                                      |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 |                                                                                  |                                                                   |                                                                                                                                                                         |                                                                                                                                      |
| GREGORY MARVIL - PRES.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                 |                                                                                  |                                                                   | Date <b>10-18-04</b> Daytime Phone # <b>305-378-0130</b>                                                                                                                |                                                                                                                                      |