2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000005600

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

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

03142005 No Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARVIL, GREGORY
STREET ADDRESS	4601 NW 109 COURT
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	VPD
NAME	SUAREZ, NELSON
STREET ADDRESS	4464 NW 109 PASSAGE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	SD
NAME	VALDES, JULIO C
STREET ADDRESS	10939 NW 47 LANE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	DT
NAME	SULLIVAN, JEANINE
STREET ADDRESS	10773 NW 58 STREET #370
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D
NAME	MORENO, BRENDA
STREET ADDRESS	4602 NW 109 COURT
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D
NAME	PUNYED, JUAN I
STREET ADDRESS	10910 NW 44 TERRACE
CITY-ST-ZIP	MIAMI, FL 33178

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05/02/05-80103-020 61.25

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J.C SULLIVAN Tres. 4/19/05 7867297 4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #