

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90170 014 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0897327

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SELLAN, SANTIAGO 10911 NW 46TH LANE MIAMI FL 33178 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARCIA, ALEX 4504 NW 109 PASS MIAMI FL 33178 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WINTER, CHRISTINE 10938 NW 47TH LANE MIAMI FL 33178 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHIFFER, SUSANNE 10981 NW 44TH TERR MIAMI FL 33178 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVAS, DARYS 4618 NW 109TH COURT MIAMI FL 33178 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUBA, TED 11109 NW 45TH TERR MIAMI FL 33178 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAWALEK, SUSAN 4449 NW 109 COURT MIAMI, FL 33178 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ☒ *Santiago Sellan* **SANTIAGO SELLAN** 4/29/03 305-378-0130

CR2E037 (10/02)