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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000007116

1. Corporation Name  
DORAL PARK COUNTRY CLUB ASSOCIATION, INC.

Principal Place of Business	Mailing Address
FOWLER, WHITE, BURNETT, HURLEY, BANICK, PA 100 S.E. 2ND ST., 17TH FLOOR MIAMI FL 33131-1101	FOWLER, WHITE, BURNETT, HURLEY, BANICK, PA 100 S.E. 2ND ST., 17TH FLOOR MIAMI FL 33131-1101



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 5001 N.W. 104th Avenue Suite, Apt. #, etc.	26 5001 N.W. 104th Avenue Suite, Apt. #, etc.	12/17/1998
22 City & State	27 City & State	4. FEI Number
23 Miami, FL	28 Miami, FL	65-0895220
24 33178	25 U.S.A.	5. Certificate of Status Desired <input type="checkbox"/>
29 33178	30 U.S.A.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>

\$8.75 Additional Fee Required  
\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROOKE, PETER M ESQ. 100 S.E. 2ND ST., 17TH FLOOR MIAMI FL 33131-1101	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSSES, ROLAND	1.2 NAME	OSSES, Rolando
STREET ADDRESS	100 S.E. 2ND ST., 17TH FLOOR	1.3 STREET ADDRESS	5001 N.W. 104th Avenue
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	Miami, FL 33178
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/V/Assistant S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, MORGAN	2.2 NAME	LEVY, Morgan
STREET ADDRESS	100 S.E. 2ND ST., 17TH FLOOR	2.3 STREET ADDRESS	5001 N.W. 104th Avenue
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	Miami, FL 33178
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, ODEL	3.2 NAME	TORRES, Odel
STREET ADDRESS	100 S.E. 2ND ST., 17TH FLOOR	3.3 STREET ADDRESS	5001 N.W. 104th Avenue
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	Miami, FL 33178
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHIPPS, JOHN	4.2 NAME	PHIPPS, John
STREET ADDRESS	100 S.E. 2ND ST., 17 FLOOR	4.3 STREET ADDRESS	5001 N.W. 104th Avenue
CITY-ST-ZIP	MIAMI FL 33131	4.4 CITY-ST-ZIP	Miami, FL 33178
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rolando Osés 3-11-99 305-591-8800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)