


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90001 009 ****61.25

DOCUMENT # N98000007116					
1. Entity Name DORAL PARK COUNTRY CLUB ASSOCIATION, INC.					
Principal Place of Business 5001 N.W. 104TH AVE. MIAMI, FL 33178			Mailing Address 5001 N.W. 104TH AVE. MIAMI, FL 33178		
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 65-0895220	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCKIBBIN, DAVID A ESQ. RITTER, RITTER & ZARETSKY 555 NE 15TH STREET, SUITE 100 MIAMI, FL 33132			Name <u>PAUL O'BELL</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>5001 N.W. 104 AVE.</u>		
			City <u>MIAMI</u> FL Zip Code <u>33178</u>		
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 <u>Paul O'Bell</u> - GENERAL MANAGER					DATE <u>2-20-04</u>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, FRANCISCO		NAME	Garcia, Francisco	
STREET ADDRESS	9705 NW 51 TERRACE		STREET ADDRESS	5001 n.w. 104 Avenue	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	Miami FL 33178	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AMICO, BRUCE A		NAME	D'Amico, Bruce	
STREET ADDRESS	10040 NW 51 LANE		STREET ADDRESS	5001 n.w. 104 Avenue	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	Miami FL 33178	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALINGER, JOAN		NAME	JOAN ALINGER	
STREET ADDRESS	8725 NW 52 ST #409		STREET ADDRESS	5001 n.w. 104 Avenue	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	Miami FL 33178	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVORAK, DON		NAME		
STREET ADDRESS	5763 NW 99 PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Frederick Thornburg	
STREET ADDRESS			STREET ADDRESS	5001 n.w. 104 Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Miami FL 33178	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>[Signature]</u>		PRESIDENT		2/20/04 3055918800	
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	