2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am Secretary of State DOCUMENT # **N98000007305** 1. Entity Name DORAL GARDENS HOMEOWNERS' ASSOCIATION, INC. 02-13-2002 90224 029 ****61.25 Principal Place of Business Mailing Address C/O CMC MANAGEMENT ATTN: PAUL VALYO C/O CMC MANAGEMENT ATTN: PAUL VALYO 22151 SHOREWIND DRIVE 22151 SHOREWIND DRIVE **BOCA RATON FL 33428 BOCA RATON FL 33428** The state of the s 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0887316 Not Applicable Zip \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent... 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) VALYO, PAUL 7100 W CAMINO REAL #117 **BOCA RATON FL 33433** Zip Code FL 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. **SIGNATURE** DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10.: OFFICERS AND DIRECTORS 11. TITLE Addition ☐ Delete TITLE BORKENHAGEN, KEVIN NAME NAME STREET ADDRESS STREET ADDRESS 8198 JOG RD STE 200 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** ☐ Change ☐ Addition ☐ Delete TITLE TITLE BRAZIL, BILL NAME NAME 8198 JOG RD STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437 X** Addition Delete TITLE Change Change Paulsen, Condice 8198 Jos Rd Sk 200 NAME SEITMAN, IVY NAME 8198 JOG RD STE 200 STREET ADDRESS STREET ADDRESS Boynson Beaux, F1 33437 CITY-ST-ZIP **BOYNTON BEACH FL 33437** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GREREQUEANDICE PAULSEN 1/1862 561-362-7444

FILED