

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90002 020 ****61.25

DOCUMENT # N98000007305			
1. Entity Name DORAL GARDENS HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business C/O MIAMI MANAGEMENT INC 14275 SW 142 AVENUE MIAMI, FL 33186		Mailing Address C/O MIAMI MANAGEMENT INC 14275 SW 142 AVENUE MIAMI, FL 33186	
2. Principal Place of Business		3. Mailing Address 6925 NW 42nd Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami FL	
Zip	Country	Zip 33166	Country
8. Name and Address of Current Registered Agent TRIAY, CARLOS A 10570 NW 27 STREET, STE 103 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name: Steven A. Fein, ESQ. Street Address (P.O. Box Number is Not Acceptable): 900 SW 40 AVENUE City: Plantation FL Zip Code: 32317	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		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	SD WELLS, JUANITA 10843 N W 53 LANE MIAMI, FL 33178 <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	
TITLE	VPD VILLASANA, GABRIEL 11032 N W 53 LANE MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD VAZQUEZ, ROBERT 10823 NW 53 LANE MIAMI, FL 33178 <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	
TITLE	TD HORNERO, EDUARDO 10760 NW 52 STREET MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D MORENO, JULIO 10853 NW 53 LANE MIAMI, FL 33178 <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	
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 _____		Date: 4/29/05 Daytime Phone #: 786-514-0805	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			