
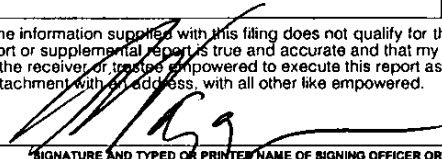


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90188 013 ****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 <i>c/o Allied Property</i>			Mailing Address 6925 NW 42 STREET MIAMI, FL 33166		
2. Principal Place of Business <i>13200 SW 128 ST</i>		3. Mailing Address <i>13200 SW 128 ST</i>			
Suite, Apt. #, etc. <i>Suite B2</i>		Suite, Apt. #, etc. <i>Suite B2</i>			
City & State <i>MIAMI FL</i>		City & State <i>MIAMI FL</i>		4. FEI Number 65-0887316	
Zip <i>33186</i>		Country <i>USA</i>		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		
FEIN, ESQ, STEVEN A 900 SW 40 AVE PLANTATION, FL 32317			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WELLS, JUANITA	NAME			
STREET ADDRESS	10843 N W 53 LANE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33178	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VAZQUEZ, ROBERT	NAME			
STREET ADDRESS	10823 NW 53 LANE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33178	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORENO, JULIO	NAME			
STREET ADDRESS	10853 NW 53 LANE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33178	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			
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			
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 exemptions contained in Chapter 119, 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 <i>4/26/06</i>		Daytime Phone # <i>3)232-1579</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	