

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90141 010 ****61.25

DOCUMENT # N98000007305
1. Entity Name
DORAL GARDENS HOMEOWNERS ASSOCIATION INC

DO NOT WRITE IN THIS SPACE

60013491

2. Principal Place of Business
40 Miami Management, Inc.
Suite, Apt. #, etc.
14275 SW 142 Avenue
City & State
MIAMI, FL
Zip
33186 Country
DADE

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

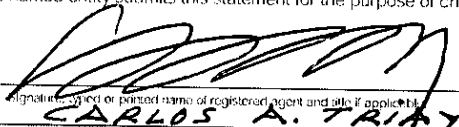
4. FEI Number
65-0887316 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
CARLOS A. TRAY
Street Address (P.O. Box Number is Not Acceptable)
10370 NW 27 Street
City
MIAMI, FL Zip Code
33172

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  **CARLOS A. TRAY** (NOTE: Registered Agent signature required when reinstating)
DATE
9/25/02

FEE IS \$61.25 Initial or Amended UBR

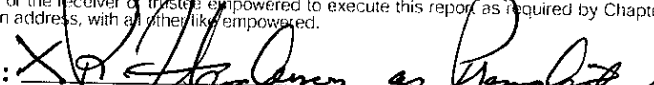
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HENDERSON, RICHARD 5403 NW 111 COURT MIAMI FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P/D SOSNOSKI, FAYE 11032 NW 53 LANE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D VAZQUEZ, ROBERT 10823 NW 53 LANE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D HORNERO, EDUARDO 10760 NW 52 STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMIR, JALIL 10850 NW 52 STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with another like empowered.

SIGNATURE:  **RICHARD HENDERSON** AS PRESIDENT
DATE
12/31/02 305-378-0130
Daytime Phone #

RICHARD HENDERSON - PRESIDENT