

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90135 036 ****61.25

DOCUMENT # N99000002571

1. Entity Name
DORAL VILLAGE HOMEOWNER TENANT ASSOCIATION, INC.



Principal Place of Business
**29250 US HIGHWAY 19 NORTH
 481
 CLEARWATER, FL 33761**

Mailing Address
**29250 US HIGHWAY 19 NORTH
 481
 CLEARWATER, FL 33761**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Same As City & State
PINELLAS *ABOVE*

Zip Country Zip Country

6. Name and Address of Current Registered Agent
**SCHAFFER, SUSAN
 29250 US HWY 19 NORTH #481
 CLEARWATER, FL 33761**

7. Name and Address of New Registered Agent
 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 *X Susan K Schaff* DATE *3-27-2007*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$81.25** Due by **May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	P CADY, ROD 29250 US HWY N #176 CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WANITA O'Hearn 29250 US19N # 209 CLEARwater, FL. 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURKART, PAT 29250 US 19 HWY N #233 CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROD CADY 29250 US19N #176 CLEARwater, FL. 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERRY, PRISCILLA 29250 US HWY N #195 CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHAFFER, SUSAN 29250 US HWY N #481 CLEARWATER, FL 33761 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARICIA BURKHART 29250 US 19N # 233 Clearwater, FL 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CADY, JILL 29250 US 19N #176 CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOB MARCO 29250 US19N # 405 CLEARWATER, FL. 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Susan K Schaff* DATE: *3-27-07* DAYTIME PHONE #: *789-0343*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40045639



03222007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-3572553** Applied For Not Applicable

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

FOR HOMEOWNERS ASSOCIATIONS ATTACHMENT 2006

Department of the Treasury
Internal Revenue Service

40045639

2006

For calendar year 2006 or tax year beginning 2006, and ending # 1/19/2007 20

Use IRS label. Otherwise, print or type.	Name DORAL Village Homeowners Tenant Association	Employer identification number (see page 5) / 59-1357853
	Number, street, and room or suite no. (if a P.O. box, see page 5.) 29250 US19N #209	Date association formed 1999
	City or town, state, and ZIP code Clearwater, FL 33761	

Check if: (1) Final return (2) Name change (3) Address change (4) Amended return

A Check type of homeowners association: Condominium management association Residential real estate association Timeshare association

B Total exempt function income. Must meet 60% gross income test (see instructions)	B		
C Total expenditures made for purposes described in 90% expenditure test (see instructions)	C		
D Association's total expenditures for the tax year (see instructions)	D	168	57
E Tax-exempt interest received or accrued during the tax year	E		

Gross Income (excluding exempt function income)

1 Dividends	1		
2 Taxable interest	2		
3 Gross rents	3		
4 Gross royalties	4		
5 Capital gain net income (attach Schedule D (Form 1120))	5		
6 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6		
7 Other income (excluding exempt function income) (attach schedule)	7		
8 Gross income (excluding exempt function income). Add lines 1 through 7	8		

Deductions (directly connected to the production of gross income, excluding exempt function income)

9 Salaries and wages	9		
10 Repairs and maintenance	10		
11 Rents	11		
12 Taxes and licenses	12		
13 Interest	13		
14 Depreciation (attach Form 4562)	14		
15 Other deductions (attach schedule)	15		
16 Total deductions. Add lines 9 through 15	16		
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17		
18 Specific deduction of \$100	18	\$100	00

Tax and Payments

19 Taxable income. Subtract line 18 from line 17	19	00	-
20 Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)	20		
21 Tax credits (see instructions)	21		
22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits.	22		
23 Payments: a 2005 overpayment credited to 2006	23a		
b 2006 estimated tax payments	23b		
c Total	23c		
d Tax deposited with Form 7004	23d		
e Credit for tax paid on undistributed capital gains (attach Form 2439)	23e		
f Credit for federal tax on fuels (attach Form 4136)	23f		
g Credit for federal telephone excise tax paid (attach Form 8913)	23g		
h Add lines 23c through 23g	23h		
24 Amount owed. Subtract line 23h from line 22. See instructions for depository method of tax payment	24	00	-
25 Overpayment. Subtract line 22 from line 23h	25		
26 Enter amount of line 25 you want: Credited to 2007 estimated tax	26	00	-

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Paul D. ... 2-16-07 President

Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no. ()	