

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004814

FILED
Apr 17, 2009
Secretary of State

Entity Name: VERANDA AT DORAL CONDOMINIUM NO. 1 ASSOCIATION, INC.

Current Principal Place of Business:

C/O GUARANTEE MANAGEMENT
6925 NW 42ND STREET
MIAMI, FL 33166

New Principal Place of Business:

790 WEST 20TH STREET
2ND FLOOR
HIALEAH, FL 33010

Current Mailing Address:

C/O GUARANTEE MANAGEMENT
6925 NW 42ND STREET
MIAMI, FL 33166

New Mailing Address:

790 WEST 20TH STREET
2ND FLOOR
HIALEAH, FL 33010

FEI Number: 65-0955280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUARANTEE MGMT SRVS.
6925 NW 42 ST
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

FOUR POINTS PROPERTY MANAGEMENT, INC.
790 WEST 20TH STREET
2ND FLOOR
HIALEAH, FL 33010 US

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: FOUR POINTS PROPERTY MANAGEMENT, INC.

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MUNOZ, CRISTINA
Address: 5200 NW 109 AVE 102
City-St-Zip: MIAMI, FL 33178

Title: VP (X) Delete
Name: CHAVEZ, MARTHA
Address: 5200 NW 109 AVE 106
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRISTINA MUNOZ

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date