


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90029 027 \*\*\*\*61.25

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # N99000006388</b>  |   |  |  |  |  |
| <b>1. Entity Name</b><br>VERANDA AT DORAL CONDOMINIUM NO. 4<br>ASSOCIATION, INC.  |   |  |  |   |  |
| <b>Principal Place of Business</b><br>GUARANTEE MANAGEMENT<br>MIAMI, FL 33166   |   |  | <b>Mailing Address</b><br>6925 NW 42ST<br>MIAMI, FL 33166                                  |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b> <b>3. Mailing Address</b>   |   |  |  |   |  |
| Suite, Apt. #, etc.   |   |  | Suite, Apt. #, etc.  |   |  |
| City & State  |   |  | City & State   |   |  |
| Zip   |   | Country                                    |  | Zip   |  |
| Country   |   | Country                                    |  | Country   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |   |  |  | <b>7. Name and Address of New Registered Agent</b>                                |  |
| FEIN, STEVEN<br>900 SOUTH STATE RD 7<br>PLANTATION, FL 33307  |   |  |  | Name -<br>Street Address (P.O. Box Number is Not Acceptable)<br>City              |  |
| FL  |   |  |  | Zip Code  |  |
| <b>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.</b>  |   |  |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)  |   |  |  |   |  |
| Signature, typed or printed name of registered agent and title if applicable  |   |  |  |   |  |
| DATE  |   |  |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>   |   |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |   |  |
| <b>\$5.00 May Be</b><br><b>Added to Fees</b>  |   |  | <b>Make check payable to</b><br><b>Florida Department of State</b>                         |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                               |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | PD<br>ORTEGA, AMALIA<br>5275 NW 112 AVE #107<br>MIAMI, FL 33178   | <input type="checkbox"/> Delete            |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | V<br>SILVA, MIRIAM<br>5255 NW 112 AVE #101<br>MIAMI, FL 33178     | <input checked="" type="checkbox"/> Delete |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | T<br>VELOSQURZ, FARIDIS<br>5265 NW 42 AVE #104<br>MIAMI, FL 33178 | <input type="checkbox"/> Delete            |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | [Redacted]<br>[Redacted]<br>[Redacted]<br>[Redacted]              | <input type="checkbox"/> Delete            |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | [Redacted]<br>[Redacted]<br>[Redacted]<br>[Redacted]              | <input type="checkbox"/> Delete            |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | [Redacted]<br>[Redacted]<br>[Redacted]<br>[Redacted]              | <input type="checkbox"/> Delete            |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | [Redacted]<br>[Redacted]<br>[Redacted]<br>[Redacted]              | <input type="checkbox"/> Delete            |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | [Redacted]<br>[Redacted]<br>[Redacted]<br>[Redacted]              | <input type="checkbox"/> Delete            |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | [Redacted]<br>[Redacted]<br>[Redacted]<br>[Redacted]              | <input type="checkbox"/> Delete            |  |   |  |
| <b>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.</b> |   |  |  |   |  |
| <b>SIGNATURE:</b> _____   |   |  |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |  |  |   |  |
| Date  |   |  |  |   |  |
| Daytime Phone #   |   |  |  |   |  |

401207



01302007 Chg-NP CR2E037 (12/06)

**4. FEI Number**  
65-0983229

Applied For  
Not Applicable

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

VER  
DEL  
REG  
STATE

5/14/07