

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S36587** (1)

1. Corporation Name

PARK AT DORAL CORP.



Principal Place of Business

**260 LONG RIDGE ROAD
STAMFORD CT 06927**

Mailing Address

**P.O. BOX 9552
ATTN: SHANNON WILLIAMS
FT MYERS FL 33906-9552
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **Dept. 8109**

22 City & State

27 **260 Long Ridge Rd.
Stamford, Ct 06927-9621**

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified

03/08/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0254285

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and to be filled in block

(If the Registered Agent is a corporation, please attach a copy of the resolution authorizing the appointment of the agent.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALFRED J. SCHIAVETTI	
STREET ADDRESS	499 THORNALL ST.	
CITY-STATE-ZIP	EDISON NJ	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ANDREW P. SIWULEC	
STREET ADDRESS	499 THORNALL ST.	
CITY-STATE-ZIP	EDISON NJ	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DENNIS B. SASSAMAN	
STREET ADDRESS	499 THORNALL ST.	
CITY-STATE-ZIP	EDISON NJ	
TITLE	VAT	<input type="checkbox"/> DELETE
NAME	RICHARD LEVY	
STREET ADDRESS	499 THORNALL ST.	
CITY-STATE-ZIP	EDISON NJ	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRADLEY A. SCHERER	
STREET ADDRESS	1601 BELVEDERE RD, 110E	
CITY-STATE-ZIP	W. PALM BCH. FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPERGER, JOHN M.	
STREET ADDRESS	499 THORNALL ST	
CITY-STATE-ZIP	EDISON NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

**500001779825
-04/15/96--01037--001
***200.00**

**SEE
ATTACHED**

☐ Change ☐ Addition

4-14

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Buckley 4/15/96 2033574544

CR2E034 (12/95)

2-2

4/4/96

690

Park at Doral Corp.
65-0254285

Name	Title	Business Address
David B. Henry	Director	260 Long Ridge Road Stamford CT 06927
Michael D. Frazier	Director	260 Long Ridge Road Stamford CT 06927
Robert E. Pfeiffer	Director	260 Long Ridge Road Stamford CT 06927
Michael D. Frazier	President	260 Long Ridge Road Stamford CT 06927
David B. Henry	Vice President	260 Long Ridge Road Stamford CT 06927
D. R. Martindale	Vice President	260 Long Ridge Road Stamford CT 06927
Robert E. Pfeiffer	Vice President	260 Long Ridge Road Stamford CT 06927
David B. Henry	Secretary	260 Long Ridge Road Stamford CT 06927
Patricia A. Deluca	Assistant Secretary	260 Long Ridge Road Stamford CT 06927
Joan C. Amble	Treasurer	260 Long Ridge Road Stamford CT 06927
Robert J. Buckley	Vice President	777 Long Ridge Road Stamford CT 06927
Garry J. Schulman	Assistant Treasurer	777 Long Ridge Road Stamford CT 06927