

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727199

**Entity Name:** DORSET HOUSE ASSOCIATION INC

**Current Principal Place of Business:**

2500 N.E. 135TH ST.  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

2500 N.E. 135TH ST.  
NORTH MIAMI, FL 33181

**FEI Number: 59-1485410**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STRALEY & OTTO, P.A.  
2699 STIRLING ROAD  
SUITE C-207  
FT. LAUDERDALE, FL 33312 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            MUNIZ, ANGEL  
Address        2500 N.E. 135TH ST.  
City-State-Zip: NORTH MIAMI FL 33181

Title            VP, DIRECTOR  
Name            DEVANDAS, SHEILA  
Address        2500 N.E. 135TH ST.  
City-State-Zip: NORTH MIAMI FL 33181

Title            SECRETARY, DIRECTOR  
Name            FRANCO, ASHLEY  
Address        2500 N.E. 135TH ST.  
City-State-Zip: NORTH MIAMI FL 33181

Title            TREASURER, DIRECTOR  
Name            HUERTER, CHRISTINE  
Address        2500 N.E. 135TH ST.  
City-State-Zip: NORTH MIAMI FL 33181

Title            DIRECTOR  
Name            LYMAN, MIRTA  
Address        2500 N.E. 135TH ST.  
City-State-Zip: NORTH MIAMI FL 33181

Title            DIRECTOR  
Name            SAAVEDRA, ALEJANDRA  
Address        2500 N.E. 135TH ST.  
City-State-Zip: NORTH MIAMI FL 33181

Title            DIRECTOR  
Name            MARTINEZ, LUIS  
Address        2500 N.E. 135TH ST.  
City-State-Zip: NORTH MIAMI FL 33181

*I hereby 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 all other like empowered.*

**SIGNATURE: ANGEL MUNIZ**

**PRESIDENT**

**03/26/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date