

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743070

Entity Name: THE DORIA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2175 NE 56 ST
FT LAUDERDALE, FL 33308**Current Mailing Address:**C/O PHOENIX MANAGEMENT SERVICES
4800 N STATE ROAD 7 SUITE 105
LAUDERDALE LAKES, FL 33319 US**FEI Number:** 59-7903362**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VALANCY, STEVEN S
311 NE 13 STREET
FT. LAUDERDALE, FL 33316 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:** VALANCY, STEVEN

06/30/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	MORICK, TIM
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N STATE ROAD 7 SUITE 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	TREASURER
Name	ROSS, JAY
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N STATE ROAD 7 SUITE 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	VP
Name	RESNICK, EVAN
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N STATE ROAD 7 SUITE 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	SECRETARY
Name	LEHMAN, AL
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N STATE ROAD 7 SUITE 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	DIRECTOR
Name	MORICK, DEBRA
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N STATE ROAD 7 SUITE 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

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: TIM MORICK

PRESIDENT

06/30/2020

Electronic Signature of Signing Officer/Director Detail

Date