

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000000532

**FILED**  
**May 01, 2018**  
**Secretary of State**  
**CC7639104428**

**Entity Name:** THE DORAL BAR ASSOCIATION, INC

**Current Principal Place of Business:**

4000 PONCE DE LEON, BLVD.  
470  
CORAL GABLES, FL 33146

**Current Mailing Address:**

4000 PONCE DE LEON, BLVD.  
470  
CORAL GABLES, FL 33146

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CUETO LAW GROUP  
4000 PONCE DE LEON., BLVD.  
470  
CORAL GABLES, FL 33146 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 P  
Name CUETO, SANTIAGO A  
Address 4000 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33146

Title VP  
Name SNYDER, LESLIE I  
Address 4000 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33146

Title VP  
Name ARONFELD, SPENCER M  
Address 3132 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name MAYO, DEBORAH  
Address 8200 NW 41ST ST  
STE 200  
City-State-Zip: DORAL FL 33166

Title DIRECTOR  
Name KELLY, ANDREAS M  
Address 8245 NW 41ST STREET  
STE 1  
City-State-Zip: DORAL FL 33166

Title DIRECTOR  
Name TAULER, ELENA  
Address 9737 NW 41ST STREET  
STE 942  
City-State-Zip: DORAL FL 33178

*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: SANTIAGO A CUETO**

**PRESIDENT**

**05/01/2018**

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

\_\_\_\_\_  
Date