

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16452

**Entity Name:** VILLAGE OF DORAL LAKES ASSOCIATION, INC.

**Current Principal Place of Business:**

14275 SW 142 AVENUE  
MIAMI, FL 33186

**Current Mailing Address:**

14275 SW 142 AVENUE  
MIAMI, FL 33186 US

**FEI Number: 59-2803074**

**Certificate of Status Desired: No**

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

TRIAI, CARLOS PA  
2301 NW 87 AVENUE  
501  
MIAMI, FL 33172 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  
Name            PARSONS, NORMAN  
Address        14275 SW 142 AVENUE  
City-State-Zip: MIAMI FL 33186

Title            VP  
Name            ROCHA, GIANINA  
Address        14275 SW 142 AVENUE  
City-State-Zip: MIAMI FL 33186

Title            TREASURER  
Name            ADERHOLDT, MARY M  
Address        14275 SW 142 AVENUE  
City-State-Zip: MIAMI FL 33186

Title            SECRETARY  
Name            D'AMICO, BRUCE  
Address        14275 SW 142 AVENUE  
City-State-Zip: MIAMI FL 33186

Title            DIRECTOR  
Name            PONS, YVETTE  
Address        14275 SW 142 AVENUE  
City-State-Zip: MIAMI FL 33186

Title            DIRECTOR  
Name            GARCIA-CLISSENT, MAY  
Address        14275 SW 142 AVENUE  
City-State-Zip: MIAMI FL 33186

Title            DIRECTOR  
Name            GUARDIA, MANUELLA  
Address        14275 SW 142 AVENUE  
City-State-Zip: MIAMI FL 33186

Title            DIRECTOR  
Name            AUAIS, PEDRO  
Address        14275 SW 142 AVENUE  
City-State-Zip: MIAMI FL 33186

*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: NORMAN PARSONS**

**PRESIDENT**

**01/21/2014**

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

\_\_\_\_\_  
Date