

2015 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

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date