

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N17000001403

**Entity Name:** NEOVITA DORAL SINGLE FAMILY RESIDENCES COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

6801 NW 103 AVE  
DORAL, FL 33178

**Current Mailing Address:**

6801 NW 103 AVE  
DORAL, FL 33178 US

**FEI Number:** 82-1320566

**Certificate of Status Desired:** No

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

ACUNA, ALBERT E.  
782 N.W. 42ND AVENUE  
SUITE 350  
MIAMI, FL 33126 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:** ALBERT E. ACUNA, P.A.

04/28/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name MAMED, OMAR  
Address C/O ASSOCIATION SERVICES OF  
FLORIDA  
10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

Title PRESIDENT  
Name RAMIREZ, NELSON  
Address C/O ASSOCIATION SERVICES OF  
FLORIDA  
10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

Title SECRETARY  
Name VILORIA, YOLIGERE  
Address C/O ASSOCIATION SERVICES OF  
FLORIDA  
10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

Title TREASURER  
Name SALADINO, SALVATORE  
Address C/O ASSOCIATION SERVICES OF  
FLORIDA  
10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

Title DIRECTOR  
Name ALTUVE, GILBERTO ANTONIO  
Address C/O ASSOCIATION SERVICES OF  
FLORIDA  
10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

*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:** NELSON RAMIREZ

PRESIDENT

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date