

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000001403

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

FILED
Apr 29, 2024
Secretary of State
7213717833CC

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.

04/29/2024

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 DOMINGUEZ, CAROL
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

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date