

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23100

**FILED**  
**Jan 03, 2024**  
**Secretary of State**  
**7133305873CC**

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

**Current Principal Place of Business:**

THE VILLAGE OF DORAL DUNES ASSOCIATION, INC.  
10200 NW 43 TERRACE  
DORAL, FL 33178

**Current Mailing Address:**

1500 NW 89 COURT, SUITE 202  
SUITE 202  
DORAL, FL 33172 US

**FEI Number:** 66-0052606

**Certificate of Status Desired:** No

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

ZACIEWSKI, SHAUN M.  
175 SW 7TH STREET  
SUITE 1611  
MIAMI, FL 33130 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:** SHAUN M. ZACIEWSKI, ESQ.

01/03/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CINTRON, MARK  
Address        1500 NW 89 COURT  
                  SUITE 202  
City-State-Zip: DORAL FL 33172

Title            VICE PRESIDENT  
Name            SCHREIBMAIER, EMANUEL  
Address        1500 NW 89 COURT  
                  SUITE 202  
City-State-Zip: DORAL FL 33172

Title            SECRETARY AND TREASURER  
Name            BARGELLINI, GIORGIO  
Address        1500 NW 89 COURT  
                  SUITE 202  
City-State-Zip: DORAL FL 33172

Title            DIRECTOR  
Name            DONADIO, CLAUDIA  
Address        1500 NW 89 COURT  
                  SUITE 202  
City-State-Zip: DORAL FL 33172

Title            DIRECTOR  
Name            GUERRERO, CRISTOPHER  
Address        1500 NW 89 COURT  
                  SUITE 202  
City-State-Zip: DORAL FL 33172

*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:** BARGELLINI , GIORGIO

**SECRETARY**

01/03/2024

Electronic Signature of Signing Officer/Director Detail

Date