

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23100

**Entity Name:** VILLAGE OF DORAL DUNES ASSOCIATION, INC.**Current Principal Place of Business:**C/O MIAMI MANAGEMENT, INC.  
14275 SW 142 AVE  
MIAMI, FL 33186**Current Mailing Address:**C/O MIAMI MANAGEMENT, INC.  
14275 SW 142 AVE  
MIAMI, FL 33186 US**FEI Number:** 66-0052606**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PEREZ-SIAM, FRANK ESQ.  
7001 SW 87 COURT  
MIAMI, FL 33173 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	NADER, RADYS
Address	C/O MIAMI MANAGEMENT, INC. 14275 SW 142 AVE
City-State-Zip:	MIAMI FL 33186

Title	VICE PRESIDENT
Name	ALVAREZ, EDUARDO
Address	C/O MIAMI MANAGEMENT, INC. 14275 SW 142 AVE
City-State-Zip:	MIAMI FL 33186

Title	TREASURER
Name	MUJICA, ALEX
Address	C/O MIAMI MANAGEMENT, INC. 14275 SW 142 AVE
City-State-Zip:	MIAMI FL 33186

Title	DIRECTOR
Name	SANCHO, VINCENT
Address	C/O MIAMI MANAGEMENT, INC. 14275 SW 142 AVE
City-State-Zip:	MIAMI FL 33186

Title	SECRETARY
Name	BLACK, ANDREA
Address	C/O MIAMI MANAGEMENT, INC. 14275 SW 142 AVE
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:** RADYS NADER**PRESIDENT****01/23/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date