

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23100

Entity Name: VILLAGE OF DORAL DUNES ASSOCIATION, INC.**Current Principal Place of Business:**C/O CHOAC PROPERTY MANAGEMENT
10200 NW 43 TERRACE
DORAL, FL 33178**Current Mailing Address:**C/O CHOAC PROPERTY MANAGEMENT
P.O. BOX 228102
DORAL, FL 33222 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.

04/30/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ALVAREZ, RAFAEL ALBERTO
Address C/O CHOAC PROPERTY
 MANAGEMENT
 P.O. BOX 228102
City-State-Zip: DORAL FL 33222

Title VICE PRESIDENT
Name SCHREIBMAIER, EMANUEL
Address C/O CHOAC PROPERTY
 MANAGEMENT
 P.O. BOX 228102
City-State-Zip: DORAL FL 33222

Title SECRETARY AND TREASURER
Name BERENBLUM, ALBERTO
Address C/O CHOAC PROPERTY
 MANAGEMENT
 P.O. BOX 228102
City-State-Zip: DORAL FL 33222

Title DIRECTOR
Name DONADIO, CLAUDIA
Address C/O CHOAC PROPERTY
 MANAGEMENT
 P.O. BOX 228102
City-State-Zip: DORAL FL 33222

Title DIRECTOR
Name GUERRERO, CRISTOPHER
Address C/O CHOAC PROPERTY
 MANAGEMENT
 P.O. BOX 228102
City-State-Zip: DORAL FL 33222

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: RAFAEL ALVAREZ

PRESIDENT

04/30/2023

Electronic Signature of Signing Officer/Director Detail

Date