

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38555

Entity Name: TOWNHOMES OF DORAL PLACE HOMEOWNERS
ASSOCIATION, INC.**Current Principal Place of Business:**10855 NW 33 STREET
DORAL, FL 33172**Current Mailing Address:**C/O RENOVATIONS PROPERTY MANAGEMENT
PO BOX 940218
MIAMI, FL 33194 US**FEI Number:** 65-0243857**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RENOVATIONS PROPERTY MANAGEMENT
10855 NW 33RD STREET
DORAL, FL 33172 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:** CLAUDIO G FALOSS

04/15/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name VINUEZA, MARIA
Address C/O RENOVATIONS PROPERTY
 MANAGEMENT
 PO BOX 940218
City-State-Zip: MIAMI FL 33194

Title VP
Name FALOSS, CLAUDIO G
Address C/O RENOVATIONS PROPERTY
 MANAGEMENT
 PO BOX 940218
City-State-Zip: MIAMI FL 33194

Title PRESIDENT
Name CHANLATTE, ARMANDO
Address C/O RENOVATIONS PROPERTY
 MANAGEMENT
 PO BOX 940218
City-State-Zip: MIAMI FL 33194

Title DIRECTOR
Name HAMMEL PENA, VICENTE
Address C/O RENOVATIONS PROPERTY
 MANAGEMENT
 PO BOX 940218
City-State-Zip: MIAMI FL 33194

Title SECRETARY
Name CARRERA, MARIA SORAYA
Address C/O RENOVATIONS PROPERTY
 MANAGEMENT
 PO BOX 940218
City-State-Zip: MIAMI FL 33194

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: ARMANDO CHANLATTE

PRESIDENT

04/15/2021

Electronic Signature of Signing Officer/Director Detail

Date