

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90040 050 ****61.25

DOCUMENT # 737091

1. Entity Name
DORA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**C/O WOODS MGT.
2740 WEST 5TH AVE.
HIALEAH, FL 33010**

Mailing Address

**C/O WOODS MGT.
2740 WEST 5TH AVE.
HIALEAH, FL 33010**

40022751



01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1795346

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DELGADO, JOAQUIN R
WOODS MGMT
2740 W 5 AVENUE
HIALEAH, FL 33010**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LANGEVIN, JOHN
8425 HARDING AVE. #3
MIAMI BEACH FL,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
GIRALDO, ISNEY
8985 HARDING AVENUE #4
MIAMI, FL 33141**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
POLI, MIRTA
7284 GRAY AVE.
MIAMI BEACH, FL 33141**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #