

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90014 024 ****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



01092008 No Chg-NP

CR2E037 (4/06)

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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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IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LANGEVIN, JOHN
STREET ADDRESS	8425 HARDING AVE. #3
CITY-ST-ZIP	MIAMI BEACH FL.
TITLE	STD
NAME	GIRALDO, ISNEY
STREET ADDRESS	8985 HARDING AVENUE #4
CITY-ST-ZIP	MIAMI, FL 33141
TITLE	VD
NAME	POLI, MIRTA
STREET ADDRESS	7284 GRAY AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	STD
NAME	RPDROGIEZ, CARLOS
STREET ADDRESS	3425 HARDING AVE 5
CITY-ST-ZIP	MIAMI BEACH, FL 33141
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 exemptions contained in Chapter 119, 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:

Mirto Poli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/08

Date

Daytime Phone #