2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# 737091

Entity Name: DORA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1795346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	LANGEVIN, JOHN	
Address:	8425 HARDING AVE. #3	
City-St-Zip:	MIAMI BEACH FL,	
Title:	STD	( ) Delete
Name:	GIRALDO, ISNEY	
Address:	8985 HARDING AVENUE #4	
City-St-Zip:	MIAMI, FL 33141	
Title:	VD	( ) Delete
Name:	POLI, MIRTA	
Address:	7284 GRAY AVE.	
City-St-Zip:	MIAMI BEACH, FL 33141	
Title:	STD	( ) Delete
Name:	RPDROGIEZ, CARLOS	
Address:	3425 HARDING AVE 5	
City-St-Zip:	MIAMI BEACH, FL 33141	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOAQUIN R. DELGADO RA 04/01/2009

Electronic Signature of Signing Officer or Director — Date