2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000004639

1. Entity Name
DORADO HEIGHTS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
213 MAIN ST DUNDEE, FL 33838	PO BOX 548 DUNDEE, FL 33838-0548

01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1174869
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEWNARINE, CHITRAM
213 MAIN ST
DUNDEE, FL 33838

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP
NAME	SEWNARINE, CHITARAM
STREET ADDRESS	215 MAIN ST.
CITY-ST-ZIP	DUNDEE, FL 33838
TITLE	DS
NAME	SEWNARINE, JANA
STREET ADDRESS	215 MAIN ST.
CITY-ST-ZIP	DUNDEE, FL 33838
TITLE	DT
NAME	SEWNARINE, GOPAUL
STREET ADDRESS	127-23 102 ROAD
CITY-ST-ZIP	SOUTH RICHMOND HILL, NY 11419
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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01/25/05-80026-002 150.00

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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: CHITRAM SEWNARINE 863-439-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1/12/05