

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

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000004639

1. Entity Name
DORADO HEIGHTS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**213 MAIN ST
DUNDEE, FL 33838**

Mailing Address

**PO BOX 548
DUNDEE, FL 33838-0548**

DO NOT WRITE IN THIS SPACE



01152008 No Chg-NP

CR2E037 (4/06)

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**

**DO NOT WRITE
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 reappointing)

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**

000000822089
02/19/08-80053-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEWNARINE, CHITARAM 215 MAIN ST. DUNDEE, FL 33838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SEWNARINE, JANA 215 MAIN ST. DUNDEE, FL 33838
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/2008 863-439-9700

Date

Daytime Phone #