

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762284

**FILED**  
**Mar 20, 2017**  
**Secretary of State**  
**CC6411167590**

**Entity Name:** DORAL COLONY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

DORAL MANAGEMENT  
10705 NW 33RD STREET, SUITE 100  
DORAL, FL 33172

**Current Mailing Address:**

10705 NW 33RD STREET,  
SUITE 100  
DORAL, FL 33172

**FEI Number: 59-2245305**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SRHL, INC.  
201 ALHAMBRA CIRCLE  
STE 1102  
CORAL GABLES, FL 33134 US

*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: JONATHAN M. MOFSKY**

**03/20/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JONES, JESSE A  
Address        5117 NW 93 DORAL WAY  
City-State-Zip: DORAL FL 33178

Title            DIRECTOR  
Name            TRYBULSKI , EDMUND  
Address        9352 NW 48TH DORAL TERRACE  
City-State-Zip: DORAL FL 33178

Title            SECRETARY  
Name            BLOCK, MARTHA  
Address        9344 NW 48 DORAL TERR  
City-State-Zip: DORAL FL 33178

Title            VP  
Name            MERCADE, ROBERTO  
Address        5121 NW 93 DORAL WAY  
City-State-Zip: DORAL FL 33178

Title            DIRECTOR  
Name            WEISBURD, SCOTT  
Address        9317 NW 48 DORAL TERRACE  
City-State-Zip: DORAL FL 33178

Title            TREASURER  
Name            PALLARES, FERNANDO  
Address        9313 NW 48 DORAL TERRACE  
City-State-Zip: DORAL FL 33178

Title            DIRECTOR  
Name            DE JAHAM, LAURENT  
Address        9323 NW 50 DORAL CIRCLE SOUTH  
City-State-Zip: DORAL FL 33178

*I hereby 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 all other like empowered.*

**SIGNATURE: JESSE JONES**

**PRESIDENT**

**03/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date