## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 762284** 

Entity Name: DORAL COLONY HOMEOWNERS ASSOCIATION, INC.

**FILED** Mar 10, 2020 **Secretary of State** 5379846224CC

## **Current Principal Place of Business:**

DORAL MANAGEMENT 3300 NW 112 AVE SUITE 13 - 2ND FLOOR DORAL, FL 33172

## **Current Mailing Address:**

3300 NW 112 AVE SUITE 13 - 2ND FLOOR DORAL, FL 33172 US

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 03/10/2020

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title SECRETARY WEISBURD, SCOTT Name Name BLOCK, MARTHA

Address **DORAL MANAGEMENT** Address **DORAL MANAGEMENT** 

3300 NW 112 AVE SUITE 13 - 2ND 3300 NW 112 AVE SUITE 13 - 2ND

**FLOOR FLOOR** 

DORAL FL 33172 DORAL FL 33172 City-State-Zip: City-State-Zip:

Title VP Title DIRECTOR

MERCADE, ROBERTO Name JONES, JESSE A Name

Address **DORAL MANAGEMENT** Address **DORAL MANAGEMENT** 3300 NW 112 AVE SUITE 13 - 2ND 3300 NW 112 AVE SUITE 13 - 2ND

**FLOOR FLOOR** 

City-State-Zip: **DORAL FL 33172** City-State-Zip: **DORAL FL 33172** 

Title **TREASURER** Title **DIRECTOR** 

Name PALLARES, FERNANDO Name DE JAHAM, LAURENT

**DORAL MANAGEMENT DORAL MANAGEMENT** Address Address 3300 NW 112 AVE SUITE 13 - 2ND 3300 NW 112 AVE SUITE 13 - 2ND

DORAL FL 33172

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City-State-Zip: **DORAL FL 33172** City-State-Zip:

Title DIRECTOR

Address DORAL MANAGEMENT

3300 NW 112 AVE SUITE 13 - 2ND

ANNICCHIARICO, FRANCISCO

**FLOOR** 

**DORAL FL 33172** City-State-Zip:

Name

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.

03/10/2020 SIGNATURE: SCOTT WEISBURD PRESIDENT