

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010822

Entity Name: MADEIRA AT ISLANDS AT DORAL NEIGHBORHOOD ASSOCIATION, INC.**FILED**
Mar 23, 2017
Secretary of State
CC1087751259**Current Principal Place of Business:**3934 SW 8TH STREET
SUITE 303
CORAL GABLES, FL 33134**Current Mailing Address:**3934 SW 8TH STREET
SUITE 303
CORAL GABLES, FL 33134 US**FEI Number: 20-1949604****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SAVAGE DE POSADA, P.A.
8603 SO. DIXIE HIGHWAY
MIAMI, FL 33143 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:** SAVAGE DE POSADA, P.A.**03/23/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TD
Name	ADE, JEAN P
Address	3934 SW 8TH STREET SUITE 303
City-State-Zip:	CORAL GABLES FL 33134

Title	VPD
Name	CAMINO, HENRY
Address	3934 SW 8TH STREET SUITE 303
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	JOURDAN, ALLWYN D
Address	3934 SW 8TH STREET SUITE 303
City-State-Zip:	CORAL GABLES FL 33134

Title	SECRETARY
Name	ESCOBAR, LESLIE T
Address	3934 SW 8TH STREET SUITE 303
City-State-Zip:	CORAL GABLES FL 33134

Title	PRESIDENT
Name	SAPP, JR., DONALD
Address	3934 SW 8 STREET 303
City-State-Zip:	CORAL GABLES FL 33134

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: DONALD SAPP, JR.**PRESIDENT****03/23/2017**

Electronic Signature of Signing Officer/Director Detail

Date