

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012661

Entity Name: PALM GARDENS AT DORAL CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 04, 2024
Secretary of State
5859153577CC**Current Principal Place of Business:**7310 N.W. 114 AVE.
DORAL, FL 33178**Current Mailing Address:**7310 N.W. 114 AVE.
DORAL, FL 33178 US**FEI Number:** 20-3976189**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ALBERT E. ACUNA, P.A.
782 NW 42ND AVE
SUITE 350
MIAMI, FL 33126 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TREASURER
Name	GONZALEZ, ORESTES
Address	7310 NW 114 AVE
City-State-Zip:	DORAL FL 33178

Title	DIRECTOR
Name	ARCE, MIRNA
Address	7310 NW 114 AVE.
City-State-Zip:	DORAL FL 33178

Title	PRESIDENT
Name	SALIU, MERITA
Address	7310 NW 114 AVE
City-State-Zip:	DORAL FL 33178

Title	DIRECTOR
Name	VANZETTI, GABRIELA
Address	7310 NW 114 AVE
City-State-Zip:	DORAL FL 33178

Title	VP
Name	LEON, RAFAEL
Address	7310 NW 114 AVE
City-State-Zip:	DORAL FL 33178

Title	DIRECTOR
Name	ESCUER, ENRIC
Address	7310 NW 114 AV.
City-State-Zip:	DORAL FL 33178

Title	SECRETARY
Name	RESTREPO, GERMAN
Address	7310 NW 114 AVE
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: MERITA SALIU**BOD PRESIDENT****01/04/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date