| 2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL |
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| REPORT   |
| DOCUMENT# N21000014094                                 |

Entity Name: GRAND AT DORAL I CONDOMINIUM ASSOCIATION INC.

**Current Principal Place of Business:** 

10950 NW 82ND STREET DORAL, FL 33178

## Current Mailing Address:

2083 WEST 76 STREET HIALEAH, FL 33016 US

## FEI Number: 88-0572127

## Name and Address of Current Registered Agent:

NEIGHBORHOOD PROPERTY MANAGEMENT, INC 2083 WEST 76 STREET HIALEAH, FL 33016 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                 | NIURKA ESQUIVEL                          |                 |                            | 08/01/2022 |  |
|---------------------------|--|-----------------|----------------------------|------------|--|
|                           | Electronic Signature of Registered Agent |                 |                            | Date       |  |
| Officer/Director Detail : |  |                 |                            |            |  |
| Title                     | PD                                       | Title           | VPD                        |            |  |
| Name                      | FONTE, NIURKA PD                         | Name            | TERRERO, ADDY              |            |  |
| Address                   | 12484 NW S RIVER DR STE 424              | Address         | 12484 NW S RIVER DR STE 42 | 4          |  |
| City-State-Zip:           | MEDLEY FL 33178                          | City-State-Zip: | MEDLEY FL 33178            |            |  |
| Title                     | STD                                      |                 |                            |            |  |
| Name                      | SUERO, LUCILLA                           |                 |                            |            |  |
| Address                   | 12484 NW S RIVER DR STE 424              |                 |                            |            |  |
| City-State-Zip:           | MEDLEY 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: NIURKA FONTE

Electronic Signature of Signing Officer/Director Detail

08/01/2022

## FILED Aug 01, 2022 Secretary of State 1757971710CC

Certificate of Status Desired: No