

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000007305

**Entity Name:** DORAL GARDENS HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Jan 24, 2020**  
**Secretary of State**  
**1362060480CC**

**Current Principal Place of Business:**

C/O DORAL MANAGEMENT  
3300 NW 112 AVE STE 13 - 2ND FLOOR  
DORAL, FL 33172

**Current Mailing Address:**

C/O DORAL MANAGEMENT  
3300 NW 112 AVE STE 13 - 2ND FLOOR  
DORAL, FL 33172 US

**FEI Number: 65-0887316**

**Certificate of Status Desired: No**

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

BROUGH, CHADROW & LEVINE, P.A.  
2149 N. COMMERCE PARKWAY  
FT. LAUDERDALE, FL 33326 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: DAVID L. BROUGH**

**01/24/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            VAZQUEZ, ROBERT  
Address        C/O DORAL MANAGEMENT  
                  3300 NW 112 AVE STE 13 - 2ND  
                  FLOOR  
City-State-Zip: DORAL FL 33172

Title            VICE-PRESIDENT  
Name            PINILLA, MARK  
Address        C/O DORAL MANAGEMENT  
                  3300 NW 112 AVE STE 13 - 2ND  
                  FLOOR  
City-State-Zip: DORAL FL 33172

Title            DIRECTOR  
Name            MORENO, JULIO  
Address        C/O DORAL MANAGEMENT  
                  3300 NW 112 AVE STE 13 - 2ND  
                  FLOOR  
City-State-Zip: DORAL FL 33172

Title            TREASURER  
Name            LUNA, LEONARDO  
Address        C/O DORAL MANAGEMENT  
                  3300 NW 112 AVE STE 13 - 2ND  
                  FLOOR  
City-State-Zip: DORAL FL 33172

Title            SECRETARY  
Name            PARRA, HAROLD  
Address        C/O DORAL MANAGEMENT  
                  3300 NW 112 AVE STE 13 - 2ND  
                  FLOOR  
City-State-Zip: DORAL FL 33172

*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: ROBERT VAZQUEZ**

**PRESIDENT**

**01/24/2020**

Electronic Signature of Signing Officer/Director Detail

Date