

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000007305

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

**FILED**  
**Jan 19, 2021**  
**Secretary of State**  
**6059781292CC**

**Current Principal Place of Business:**

C/O AFFINITY MANAGEMENT SERVICES  
8200 NW 41ST STREET SUITE 200  
DORAL, FL 33166

**Current Mailing Address:**

C/O AFFINITY MANAGEMENT SERVICES  
8200 NW 41ST STREET SUITE 200  
DORAL, FL 33166 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**

**01/19/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PINILLA, MARK  
Address        C/O AFFINITY MANAGEMENT  
SERVICES  
8200 NW 41ST STREET SUITE 200  
City-State-Zip: DORAL FL 33166

Title            VICE PRESIDENT  
Name            LUCKMANN, JASON  
Address        C/O AFFINITY MANAGEMENT  
SERVICES  
8200 NW 41ST STREET SUITE 200  
City-State-Zip: DORAL FL 33166

Title            TREASURER  
Name            PINTO, CARMEN  
Address        C/O AFFINITY MANAGEMENT  
SERVICES  
8200 NW 41ST STREET SUITE 200  
City-State-Zip: DORAL FL 33166

Title            SECRETARY  
Name            SHRIVASTAVA, GAURAV  
Address        C/O AFFINITY MANAGEMENT  
SERVICES  
8200 NW 41ST STREET SUITE 200  
City-State-Zip: DORAL FL 33166

Title            DIRECTOR  
Name            BHARWANI, SUNITA J.  
Address        C/O AFFINITY MANAGEMENT  
SERVICES  
8200 NW 41ST STREET SUITE 200  
City-State-Zip: DORAL FL 33166

*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: MARK PINILLA**

**PRESIDENT**

**01/19/2021**

Electronic Signature of Signing Officer/Director Detail

Date