

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N98000007305

Entity Name: DORAL GARDENS HOMEOWNERS' ASSOCIATION, INC.

FILED
Oct 18, 2019
Secretary of State
7131645041CC

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

10/18/2019

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 SAMIR, NANCY
Address C/O DORAL MANAGEMENT
 3300 NW 112 AVE STE 13 - 2ND
 FLOOR
City-State-Zip: DORAL FL 33172

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

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

Title TREASURER
Name PADRON, GUSTAVO
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

10/18/2019

Electronic Signature of Signing Officer/Director Detail

Date