

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90230 003 ****61.25

DOCUMENT # N94000004860

1. Entity Name

DORADO HOMEOWNERS' SUB-ASSOCIATION, INC.



Principal Place of Business

**1973 PGA BLVD
STE B
PBG FL 33408
US**

Mailing Address

**1973 PGA BLVD
STE B
PBG FL 33408
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0531704**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, GENIE M
1973 PGA BLVD., SUITE B
PALM BEACH GARDENS FL 33408**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **DEGRAY, KAREN**
STREET ADDRESS **4060 DORADO DR**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

~~DELETE~~
ADD

TITLE **DVP--S**
NAME **DISTASIO, JOAN**
STREET ADDRESS **4024 DORADO DR**
CITY-ST-ZIP **PBG FL 33418**

~~DELETE~~

TITLE **TD**
NAME **GUEST, TEJU**
STREET ADDRESS **4018 DORADO DR**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

☒ Delete

TITLE **S**
NAME **LEWALLEN, DALE**
STREET ADDRESS **4101 DAKOTA PLACE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**
NAME **Lewallen, Dale**
STREET ADDRESS **4101 Dakota Place**
CITY-ST-ZIP **PBG, FL 33418**

☐ Change ☒ Addition
DELETE

TITLE **DVP**
NAME **Harris, Nathaniel**
STREET ADDRESS **4013 Dorado Dr**
CITY-ST-ZIP **PBG, FL 33418**

☐ Change ☒ Addition
DELETE

TITLE **T**
NAME **LINDA OWENS, LINDA**
STREET ADDRESS **4011 DORADO DR**
CITY-ST-ZIP **PBG, FL 33418**

☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DALE M. LEWALLEN 1-21-03 561/863-8275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)