

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90005 038 ****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**

44046513



DO NOT WRITE IN THIS SPACE

01072004 No Chg-NP CR2E037 (10/03)

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**

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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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DEORAY, KAREN
STREET ADDRESS 4011 DORADO DR
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

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

TITLE T
NAME OWENS, LINDA
STREET ADDRESS 4011 DORADO DR.
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #