2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004860

Apr 27, 2005 Secretary of State

Entity Name: DORADO HOMEOWNERS' SUB-ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1973 PGA BLVD 5646 CORPORATE WAY WPB, FL 33407 STE B

PBG, FL 33408

Current Mailing Address: New Mailing Address:

1973 PGA BLVD 5646 CORPORATE WAY STE B WPB, FL 33407 US PBG, FL 33408 US

FEI Number: 65-0531704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SMITH, GENIE M THE GENERAL LEDGER 1973 PGA BLVD., SUITE B 5646 CORPORATE WAY WPB, FL 33407 PALM BEACH GARDENS, FL 33408 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: THE GENERAL LEDGER 04/27/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

HARRIS, NATHANIAL LEWALLEN, DALE Name: Name: 40 W DORADO DR Address: DORADO DR Address:

City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DVPS () Delete Title: **DVPS** (X) Change () Addition Name: DISTASIO, JOAN Name: CURTIS, RICK Address: 4024 DORADO DR Address: DORADO DR City-St-Zip: PBG, FL 33418 City-St-Zip: PBG, FL 33418

Title: () Change () Addition

() Delete Title: OWENS, LINDA Name: Name:

Address: 4011 DORADO DR. Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DALE LEWALLEN D 04/27/2005