5646 CORPOR	ncipal Place of Business: ATE WAY GARDENS, FL 33418		CC6841	1929219
Current Mai	ling Address:			
	ORATE WAY 1 BEACH, FL 33407 US			
FEI Number: 65-0531704		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
840 US HWY 1 SUITE 345	EZ & CORTEZ CHARTERED BEACH, FL 33408 US			
The above name	l entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Flo	orida.
	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Flo	orida. 04/09/2018
		tered office or regis	tered agent, or both, in the State of Flo	
	Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Flo	04/09/2018
SIGNATURE	Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Flo	04/09/2018
SIGNATURE Officer/Dire	VICTORIA HANSEN     Electronic Signature of Registered Agent     ctor Detail :			04/09/2018
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent Ctor Detail : TREASURER	Title	VP	04/09/2018
SIGNATURE Officer/Dire Title Name	Electronic Signature of Registered Agent Ctor Detail : TREASURER BEATY, SUSAN 5646 CORPORATE WAY	Title Name	VP GRIFFIN, JAMES 5646 CORPORATE WAY	04/09/2018
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : TREASURER BEATY, SUSAN 5646 CORPORATE WAY	Title Name Address	VP GRIFFIN, JAMES 5646 CORPORATE WAY	04/09/2018
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : TREASURER BEATY, SUSAN 5646 CORPORATE WAY WPB FL 33418	Title Name Address City-State-Zip:	VP GRIFFIN, JAMES 5646 CORPORATE WAY WPB FL 33418	04/09/2018

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.

City-State-Zip: WPB FL 33418

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City-State-Zip: WPB FL 33418

Electronic Signature of Signing Officer/Director Detail

## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004860

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

FILED Apr 09, 2018 Secretary of State CC6841929279

04/09/2018 Date