Entity Name: DORADO HOMEOWNERS' SUB-ASSOCIATION, INC.			Secretary of State 5698864239CC	
Current Prin	ncipal Place of Business:		509000	9423966
5646 CORPOR	ATE WAY			
PALM BEACH	GARDENS, FL 33418			
Current Mai	ling Address:			
5646 CORP	ORATE WAY			
WEST PALM	/ BEACH, FL 33407 US			
FEI Number: 65-0531704		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
840 US HWY 1 SUITE 345	EZ & CORTEZ CHARTERED BEACH, FL 33408 US			
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of F	lorida.
	d entity submits this statement for the purpose of changing its regi E: VICTORIA HANSEN	stered office or regis	tered agent, or both, in the State of F	Florida. 03/15/2021
		stered office or regis	tered agent, or both, in the State of F	
	E: VICTORIA HANSEN Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of F	03/15/2021
SIGNATURE	E: VICTORIA HANSEN Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of F	03/15/2021
SIGNATURE Officer/Dire	E: VICTORIA HANSEN Electronic Signature of Registered Agent ctor Detail :			03/15/2021
SIGNATURE Officer/Dire	E: VICTORIA HANSEN Electronic Signature of Registered Agent Ctor Detail : TREASURER	Title	VP	03/15/2021
SIGNATURE Officer/Dire Title Name Address	E: VICTORIA HANSEN Electronic Signature of Registered Agent Ctor Detail : TREASURER MAZZOCCO, AMY	Title Name	VP GRIFFIN, JAMES 5646 CORPORATE WAY	03/15/2021
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : TREASURER MAZZOCCO, AMY 5646 CORPORATE WAY	Title Name Address	VP GRIFFIN, JAMES 5646 CORPORATE WAY	03/15/2021
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : TREASURER MAZZOCCO, AMY 5646 CORPORATE WAY WPB FL 33418	Title Name Address City-State-Zip:	VP GRIFFIN, JAMES 5646 CORPORATE WAY WPB FL 33418	03/15/2021
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	E VICTORIA HANSEN Electronic Signature of Registered Agent Ctor Detail : TREASURER MAZZOCCO, AMY 5646 CORPORATE WAY WPB FL 33418 SECRETARY	Title Name Address City-State-Zip: Title	VP GRIFFIN, JAMES 5646 CORPORATE WAY WPB FL 33418 PRESIDENT	03/15/2021

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004860

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: MANNA, JOHN

Electronic Signature of Signing Officer/Director Detail

Ρ

FILED Mar 15, 2021

Secretary of State