DOCUMENT# N94000004860 Entity Name: DORADO HOMEOWNERS' SUB-ASSOCIATION, INC.		Feb 21, 2023 Secretary of State 6548848742CC		
				5646 CORPOR
Current Ma	iling Address:			
	ORATE WAY MBEACH, FL 33407 US			
FEI Number: 65-0531704			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
	EZ & CORTEZ CHARTERED			
840 US HWY 1 SUITE 345	BEACH, FL 33408 US			
840 US HWY 1 SUITE 345 NORTH PALM		istered office or regis	tered agent, or both, in the State of F	lorida.
840 US HWY 1 SUITE 345 NORTH PALM The above name	BEACH, FL 33408 US	istered office or regis	tered agent, or both, in the State of F	
840 US HWY 1 SUITE 345 NORTH PALM The above name	BEACH, FL 33408 US d entity submits this statement for the purpose of changing its reg	listered office or regis	tered agent, or both, in the State of F	
840 US HWY 1 SUITE 345 NORTH PALM The above name SIGNATUR	BEACH, FL 33408 US d entity submits this statement for the purpose of changing its reg E: VICTORIA HANSEN	istered office or regis	tered agent, or both, in the State of F	02/21/2023
840 US HWY 1 SUITE 345 NORTH PALM The above name SIGNATUR	BEACH, FL 33408 US d entity submits this statement for the purpose of changing its reg E: VICTORIA HANSEN Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, in the State of F	02/21/2023
840 US HWY 1 SUITE 345 NORTH PALM The above name SIGNATUR	BEACH, FL 33408 US d entity submits this statement for the purpose of changing its reg E: VICTORIA HANSEN Electronic Signature of Registered Agent			02/21/2023
840 US HWY 1 SUITE 345 NORTH PALM The above name SIGNATURI Officer/Dire Title	BEACH, FL 33408 US d entity submits this statement for the purpose of changing its reg E: VICTORIA HANSEN Electronic Signature of Registered Agent ctor Detail : PRESIDENT	Title	VP	02/21/2023
840 US HWY 1 SUITE 345 NORTH PALM The above name SIGNATUR Officer/Dire Title Name	BEACH, FL 33408 US d entity submits this statement for the purpose of changing its reg E: VICTORIA HANSEN Electronic Signature of Registered Agent CCTOR Detail: PRESIDENT MAZZOCCO, AMY 5646 CORPORATE WAY	Title Name Address	VP MANNA, JOHN	02/21/2023
840 US HWY 1 SUITE 345 NORTH PALM The above name SIGNATUR Officer/Dire Title Name Address	BEACH, FL 33408 US d entity submits this statement for the purpose of changing its reg E: VICTORIA HANSEN Electronic Signature of Registered Agent CCTOR Detail: PRESIDENT MAZZOCCO, AMY 5646 CORPORATE WAY	Title Name Address	VP MANNA, JOHN 5646 CORPORATE WAY	02/21/2023
840 US HWY 1 SUITE 345 NORTH PALM The above name SIGNATUR Officer/Dire Title Name Address City-State-Zip:	BEACH, FL 33408 US d entity submits this statement for the purpose of changing its reg E: VICTORIA HANSEN Electronic Signature of Registered Agent ector Detail : PRESIDENT MAZZOCCO, AMY 5646 CORPORATE WAY WPB FL 33418	Title Name Address	VP MANNA, JOHN 5646 CORPORATE WAY	02/21/2023
840 US HWY 1 SUITE 345 NORTH PALM The above name SIGNATUR Officer/Dire Title Name Address City-State-Zip: Title	BEACH, FL 33408 US d entity submits this statement for the purpose of changing its reg E: VICTORIA HANSEN Electronic Signature of Registered Agent PRESIDENT MAZZOCCO, AMY 5646 CORPORATE WAY WPB FL 33418 TREASURER	Title Name Address	VP MANNA, JOHN 5646 CORPORATE WAY	02/21/2023

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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: AMY MAZZOCCO

Electronic Signature of Signing Officer/Director Detail

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FILED