

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004860

1. Entity Name

DORADO HOMEOWNERS' SUB-ASSOCIATION, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90097 010 \*\*\*\*61.25

Principal Place of Business  
4060 DORADO DR  
WEST PALM BEACH FL 33418  
US

Mailing Address  
4060 DORADO DR  
WEST PALM BEACH FL 33418-6509  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0531704**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEGRAY, KAREN  
4060 DORADO DR  
PALM BEACH GARDENS FL 33418

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS DEGRAY, KAREN  
CITY-ST-ZIP 4060 DORADO DR  
PALM BEACH GARDENS FL 33418

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

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS GUEST, TEJU  
CITY-ST-ZIP 4018 DORADO DR  
PALM BEACH GARDENS FL 33418

TITLE ☐ Delete  
NAME S  
STREET ADDRESS LEWALLEN, DALE  
CITY-ST-ZIP 4101 DAKOTA PLACE  
PALM BEACH GARDENS FL 33418

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Karen D. Gray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/1/00*  
Date

*561-8489510*  
Daytime Phone #

CR2E037 (9/99)