

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Dorado Homeowners Subassociation, Inc.

N94000004860

FILED
Jul 18, 2001 8:00 am
Secretary of State

05-22-2001 90623 018 ****61.25

Principal Place of Business

1973 P6A Blvd StB
PBG FL 33408

Mailing Address

1973 P6A Blvd StB
PBG FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0531704

Applied For

Not Applicable

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

Karen Degray
4040 Dorado Drive
PBG 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 requesting)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Karen Degray "D" President 4040 Dorado Dr PBG FL 33418	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dale Lewallen "D" Vice President 4116 Oakota Place PBG FL 33418	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joann Ostasio "D" Secretary 4026 Dorado Dr PBG FL 33418	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Grant Henderson "D" Treasurer 4116 Oakota Pl PBG FL 33418	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen Degray

4-10-01

561-626-0555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR0304 (1/00)