

STRAUSS & ASSOCIATES, P.A.
Certified Public Accountants
9 Park Center Court, Suite 300
Owings Mills, Maryland 21117
(410) 363-1011

FILING INSTRUCTIONS

MARYLAND ANNUAL REPORT

2023

DORAL HOMEOWNERS ASSOCIATION, INC.
C/O CHAMBERS MANAGEMENT, INC.
12051 TECH ROAD, SUITE B
SILVER SPRING MD 20904

Enclosed is your Annual Report. This form should be signed and dated on page 2, section IV-A by an officer of the association. Please include your mailing address, email address and phone number and mail prior to April 17, 2023 to:

MARYLAND DEPARTMENT OF ASSESSMENTS AND TAXATION
BUSINESS SERVICES UNIT
ANNUAL REPORT
P.O. BOX 17052
BALTIMORE, MARYLAND 21297-1052

No tax is due with this return.

ANNUAL REPORT
MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION
 Business Services Unit, P. O. Box 17052, BALTIMORE, MARYLAND 21297-1052

2023
Form 1
 Due by April 17th
 Date Received
 by Department

Type of Business Check one business type below	Dept. ID Prefix	Filing Fee	Type of Business Check one business type below	Dept. ID Prefix	Filing Fee
<input type="checkbox"/> Domestic or Foreign Stock Corporation (D) or (F)	(D) or (F)	\$300	<input type="checkbox"/> Domestic or Foreign Limited Liability Company (W) or (Z)	(W) or (Z)	\$300
<input checked="" type="checkbox"/> Domestic or Foreign Non Stock Corporation (D) or (F)	(D) or (F)	-0-	<input type="checkbox"/> Domestic or Foreign Limited Partnership (M) or (P)	(M) or (P)	\$300
<input type="checkbox"/> Domestic or Foreign Statutory Trust (B) or (S)	(B) or (S)	\$300	<input type="checkbox"/> Domestic or Foreign Limited Liability Partnership (A) or (E)	(A) or (E)	\$300
<input type="checkbox"/> Foreign Interstate Corporation (F)	(F)	- 0 -	<input type="checkbox"/> Foreign Insurance Corporation (F)	(F)	\$300
<input type="checkbox"/> SDAT Certified Family Farm (A,D,M,W)	(A,D,M,W)	\$100	<input type="checkbox"/> Real Estate Investment Trust (D)	(D)	\$300

For Immediate Submission - File Online at <https://egov.maryland.gov/BusinessExpress/>

The business has been approved by MarylandSaves for a waiver of its 2023 Annual Report filing fee. Yes No

SECTION I - ALL BUSINESS ENTITIES COMPLETE **PLEASE CHECK IF THIS IS AN AMENDED REPORT**

NAME OF BUSINESS DORAL HOMEOWNERS ASSOCIATION, INC.

MAILING ADDRESS C/O CHAMBERS MANAGEMENT, INC.

Check here if this is a change of mailing address.

PLEASE NOTE: This will not change your principal office address. You must file a Resolution to Change a Principal Office Address. 12051 TECH ROAD, SUITE B
SILVER SPRING MD 20904

DEPARTMENT ID NUMBER
 (Letter Prefix followed by 8-digits) D 0 2 5 9 6 6 1 7

FEDERAL EMPLOYER IDENTIFICATION NUMBER
 (9-digit number assigned by the IRS) 5 2 1 7 4 2 4 6 3

FEDERAL PRINCIPAL BUSINESS CODE
 (If known, the 6-digit number on file with the IRS) 5 3 1 3 9 0

NATURE OF BUSINESS HOMEOWNERS ASSOCIATION

TRADING AS NAME _____

EMAIL ADDRESS _____
 Include an email to receive important reminders from the Department of Assessments and Taxation

SECTION II - ONLY CORPORATE ENTITIES COMPLETE

A. Corporate Officers (names and mailing addresses)

President DAVID PARKER Vice President NONE
710 PEBBLE BEACH DRIVE
SILVER SPRING, MD 20904

Secretary NONE Treasurer NONE

B. Directors (names only)

EL HADJI DJIBRIK NDIGOU FALL DAVID PARKER
FRANK DELUCA
JEAN LANGBEIN

SECTION III - Completion Required Pursuant to MD Code, Tax Property Article § 11-101

A. Is this business a (1) commercial enterprise or business that is formed in Maryland or does business in Maryland; or (2) a corporation, foundation, school, hospital, or other legal entity for which none of the earnings inure to the benefit of any private shareholder or individual holding an interest in the entity? Yes No

If you answered "No" to Question A, please proceed to Question E. By proceeding to Question E, your signing of this Annual Report confirms, under penalties of perjury, that the entity filing this Annual Report is not required to submit a Corporate Diversity Addendum. Please see Instructions for additional information. If you answered "Yes" to Question A, please proceed to Questions B, C, and D.

B. Is this business a limited liability company (LLC) owned by a single member? Yes No

C. Is this business a privately held company with at least 75% of the company's shareholders who are family members?

D. Is this business an entity that (1) has an annual operating budget or annual sales less than \$5,000,000; and (2) does not qualify or seek to qualify for a "State benefit" as defined below?



A "State benefit" means (1) a State capital grant funding totaling \$1.00 million or more in a single fiscal year; (2) State tax credits totaling \$1.00 million or in a single fiscal year; or (3) the receipt of a State contract with a total value of \$1.00 million or more. "State contract" means a contract that (a) resulted from a competitive procurement process and (b) is not federally funded in any way.

If you answered "Yes" to Question B, C, or D, please proceed to Question E. By proceeding to Question E, your signing of this Annual Report confirms, under penalties of perjury, that the entity filing this Annual Report is not required to submit a Corporate Diversity Addendum. Please see Instructions for additional information.

If you answered "No" to Questions B, C, and D, you are legally obligated to complete and return to SDAT with this Annual Report a Corporate Diversity Addendum that is required by COMAR 24.01.07. The Addendum and instructions for submitting the Addendum may be found at <https://dat.maryland.gov/Pages/sdatforms.aspx>. Failure to complete and return the Addendum to SDAT may prohibit you from receiving certain State benefits. Please see Instructions for additional information.

E. Required information for certain corporations. Please see instructions for more information.

Total Number of Directors _____

Total Number of Female Directors _____

SECTION IV - ALL BUSINESS ENTITIES COMPLETE

A. Does the business own, lease, or use personal property, including inventory, located in Maryland with a total original cost of \$20,000 or more?

Yes No

If you answered "No", the business is not required to file a Business Personal Property Tax Return pursuant to MD Code, Tax Property Article §7-245. If you answered "Yes", you must complete and return a Business Personal Property Tax Return with this Annual Report.

B. Did the entity dispose, sell, or transfer ALL of its business personal property prior to January 1?

Yes No

If you answered yes, please complete form SD-1. Do not complete the Business Personal Property Return. For religious groups and charitable or educational organizations, the form SD-1 is optional.

SECTION V - ALL BUSINESS ENTITIES COMPLETE

By signing this form below, you declare and attest, under the penalty of perjury, and pursuant to Tax-Property Article §1-201 of the Annotated Code of Maryland, that the statements made in this Annual Report, including those on any accompanying forms, schedules, and/or statements, has been examined by you and, to the best of your knowledge and belief, is a true, correct, and complete Annual Report for the Entity listed in Section I.

A. Corporate Officer or Principal of Entity:

PRINT NAME _____ X SIGNATURE _____ DATE _____

MAILING ADDRESS _____

EMAIL ADDRESS _____ PHONE NUMBER _____

B. Firm or Individual, other than taxpayer, preparing this Annual Report/Personal Property Tax Return:

PRINT NAME STRAUSS & ASSOCIATES, P.A. X SIGNATURE  DATE 2/10/23

MAILING ADDRESS 9 PARK CENTER COURT, SUITE 300 OWINGS MILLS, MD 21117

EMAIL ADDRESS _____ PHONE NUMBER (410) 363-1011

PLEASE BE SURE TO SIGN THIS ANNUAL REPORT TO AVOID REJECTION BY THE DEPARTMENT!

If filing by mail, please return with applicable filing fee to:
Department of Assessments and Taxation, Business Services Unit
P.O. Box 17052, Baltimore, Maryland 21297-1052
File Online: <http://egov.maryland.gov/BusinessExpress>
10-767-1330 • Email: sdat.csc@maryland.gov

