

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **719669** (4)

1. Corporation Name

**DOMO CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**2150 SAN SOUCI BLVD.  
BOX 9057  
NORTH MIAMI FL 33181**

Mailing Address

**2150 SAN SOUCI BLVD.  
BOX 9057  
NORTH MIAMI FL 33181**

3. Date Incorporated or Qualified  
**11/10/1970**

3a. Date of Last Report  
**03/17/1995**

4. FEI Number  
**59-1350690**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

**21 2100-2150 SANS SOUCI**

2a. Mailing Address

**26 SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 BLVD.**

27

City & State

**23 NO. MIAMI, FL.**

City & State

**28**

Zip

**24 33181**

Country

**25 USA**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BECKER, POLIAKOFF & STREITFELD, P.A.  
3111 STIRLING ROAD.  
BOX 9057  
FT. LAUDERDALE FL 33312-3525**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PT HARRY, ROTH**  
STREET ADDRESS **2150 SANS SOUCI BLVD #1101**  
CITY-ST-ZIP **N. MIAMI FL 33181**

TITLE ☐ DELETE

NAME **VPD ARNOLD, PATT**  
STREET ADDRESS **2100 SANS SOUCI BLVD, #1502**  
CITY-ST-ZIP **N. MIAMI FL 33181**

TITLE ☐ DELETE

NAME **VPD LOSS, MARTIN**  
STREET ADDRESS **2150 SANS SOUCI BLVD, #702**  
CITY-ST-ZIP **N. MIAMI FL 33181**

TITLE ☒ DELETE

NAME **VPD MARTIN, GOTTDENKER**  
STREET ADDRESS **2100 SANS SOUCI BLVD, #1411**  
CITY-ST-ZIP **M. MIAMI FL 33181**

TITLE ☐ DELETE

NAME **T LEAVY, YALE**  
STREET ADDRESS **2150 SANS SOUCI BLVD, #805**  
CITY-ST-ZIP **N. MIAMI FL 33181**

TITLE ☐ DELETE

NAME **ST MORDUCHAY, FLORENCE**  
STREET ADDRESS **2150 SANS SOUCI BLVD, #1506**  
CITY-ST-ZIP **N. MIAMI FL 33181**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**VPD SIGFREDO VEGA**  
**2100 SANS SOUCI BLVD, #1005**  
**N. MIAMI, FL, 33181**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harry Roth* **HARRY ROTH, PRES.**

**2/26/96**

**(305)893-2107**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)