

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 719669 (4)

1. Corporation Name
DOMED 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

2. Principal Place of Business: 21 2100-2150 SANS SOUCI BLVD. 22 BLVD. 23 No. MIAMI, FL.
2a. Mailing Address: 26 SAME
27 Suite, Apt. #, etc.
28 City & State
29 Zip: 33181 30 Country: USA

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 [X] No

9. Name and Address of Current Registered Agent: BECKER, POLIAKOFF & STREITFELD, P.A. 3111 STIRLING ROAD. BOX 9057 FT. LAUDERDALE FL 33312-3525

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT HARRY, ROTH	1.1 TITLE	
NAME	HARRY, ROTH	1.2 NAME	
STREET ADDRESS	2150 SANS SOUCI BLVD #1101	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL 33181	1.4 CITY-ST-ZIP	
TITLE	VPD ARNOLD, PATT	2.1 TITLE	
NAME	ARNOLD, PATT	2.2 NAME	
STREET ADDRESS	2100 SANS SOUCI BLVD, #1502	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL 33181	2.4 CITY-ST-ZIP	
TITLE	VPD LOSS, MARTIN	3.1 TITLE	
NAME	LOSS, MARTIN	3.2 NAME	
STREET ADDRESS	2150 SANS SOUCI BLVD, #702	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL 33181	3.4 CITY-ST-ZIP	
TITLE	VPD MARTIN, GOTTDENKER	4.1 TITLE	VPD SIGFREDO VEGA
NAME	MARTIN, GOTTDENKER	4.2 NAME	SIGFREDO VEGA
STREET ADDRESS	2100 SANS SOUCI BLVD, #1411	4.3 STREET ADDRESS	2100 SANS SOUCI BLVD, #1005
CITY-ST-ZIP	M. MIAMI FL 33181	4.4 CITY-ST-ZIP	N. MIAMI, FL, 33181
TITLE	T LEAVY, YALE	5.1 TITLE	
NAME	LEAVY, YALE	5.2 NAME	
STREET ADDRESS	2150 SANS SOUCI BLVD, #805	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL 33181	5.4 CITY-ST-ZIP	
TITLE	ST MORDUCHAY, FLORENCE	6.1 TITLE	
NAME	MORDUCHAY, FLORENCE	6.2 NAME	
STREET ADDRESS	2150 SANS SOUCI BLVD, #1506	6.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL 33181	6.4 CITY-ST-ZIP	

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: *Sandra B. Mortham* 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)