J-3-97 B- 1404 C FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 719669

DOME CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address 2150 SAN SOUCI BLVD. 2100-2150 SAN SOUCI BLVD NORTH MIAMI FL 33181 BOX 9057 NORTH MIAMI FL 33181-3045 3a. Date of Last Report 3. Date Incorporated or Qualified 11/10/1970 02/29/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1350690 Not Applicable 2100-2150 SANS SOUCI 26 Same Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional BLVD. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 N. MIAMI Trust Fund Contribution Added to Fees 28 SAME Country 8. This corporation has liability for intangible tax under s. 199.032, USA Florida Statutes YY Yes No.

10. Name and Address of New Registered Agent 25 29 30 9. Name and Address of Current Registered Agent 81 Name BECKER, POLIAKOFF & STREITFELD, P.A. Street Address (P.O. Box Number is Not Acceptable) 3411 STIRLING ROAD. 83 **BOX 9057** FT: LAUDERDALE FL 33312-3525 84 City 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) Signature, typed or printed name of registered agent and title it applicable. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Change Addition **XX** DELETE 1.1 TITLE TITLE 1.2 NAME HARRY, ROTH NAME 2150 SANS SOUCI BLVD #1101 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N. MIAMI FL 33181 1.4 CITY-ST-ZIP XX DELETE Change Addition TITLE 2.1 TITLE **VPD** ŘĖNĎA ROE 2.2 NAME NAME ARNOLD, PATT 2150 SANS SOUCI BLVD, #211-N 2100 SANS SOUCI BLVD, #1502 2.3 STREET ADORESS STREET ADORESS CHTY-ST-ZIP N. MIAMI FL 33181 2. 4 CITY - ST - ZIP XX DELETE ☐ Change **VPD** 3.1 TITLE TITLE PHILIP WHITE 2150 SANS SOUCI BLYD N. MIAMI, FL. 33181 3.2 NAME NAME LOSS. MARTIN 2150 SANS SOUCI BLVD, #702 3.3 STREET ADDRESS STREET ADDRESS N. MIAMI FL 33181 CITY-ST-ZIP 3.4. CITY - ST- ZIP Change DELETE Addition 4.1 THILE TITLE PRES. ŠIĠFREDO. VEGA 4, 2 NAME NAME MARTIN GOTTDENKER 2100 SANS SOUCI_BLXD. #1411-S 2100 SANS SOUCI BLVD, #1005 4.3 STREET ADDRESS STREET ADDRESS M. MIAMI FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE TITLE 5.2 NAME NAME LEAVY, YALE 2150 SANS SOUCI BLVD, #805 5.3 STREET ADDRESS STREET ADDRESS N. MIAMI FL 33181 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE ST D

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do 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 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

NAME

STREET ADDRESS

MORDUCHAY, FLORENCE

N. MIAMI FL 33181

appears in Block 12 or Block 13 if chapped,

2150 SANS SOUCI BLVD, #1506

SIGEREDO VEGA, PRES. BIONATURE AND THE ED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

ettachment with an address

1/13/97

(305)893-2107

FILED

Feb 05 1997 8:00am

Secretary of State