

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90344 012 ****61.25

DOCUMENT # 719669

1. Entity Name

DOME CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**2100 -2150 SANS SOUCI BLVD
OFFICE
NO MIAMI FL 33181
US**

Mailing Address

**2100 -2150 SANS SOUCI BLVD
OFFICE
NO MIAMI FL 33181
US**

24047689



MOORE CR2E037 (11/03)

2. Principal Place of Business

2100-2150 Sans Souci Blvd S/A

3. Mailing Address

OFFICE

Suite, Apt. #, etc.

OFFICE

Suite, Apt. #, etc.

OFFICE

City & State

North Miami, Fl.

City & State

SAME

4. FEI Number

59-1350690

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Abe Simberg

Abe Simberg, Pres.

4/13/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **ROE, RENDA R**
STREET ADDRESS **2150 SANS SOUCI BLVD. #211**
CITY-ST-ZIP **MIAMI FL 33181**

TITLE ☐ Delete
NAME **URKOWITZ, FLORENCE**
STREET ADDRESS **2150 SANS SOUCI BLVD. #1403**
CITY-ST-ZIP **MIAMI FL 33181**

TITLE ☐ Delete
NAME **LEHMAN, PHYLLIS**
STREET ADDRESS **2100 SANS SOUCI BLVD. #1004**
CITY-ST-ZIP **N MIAMI FL 33181**

TITLE ☐ Delete
NAME **BRAUN, HERBERT**
STREET ADDRESS **2100 SANS SOUCI BLVD. #905**
CITY-ST-ZIP **N. MIAMI FL 33181**

TITLE ☐ Delete
NAME **SIMBERG, ABE**
STREET ADDRESS **2100 SANS SOUCI BLVD. #PHD1**
CITY-ST-ZIP **MIAMI FL 33181**

TITLE ☐ Delete
NAME **LEAVY, YALE**
STREET ADDRESS **2100 SANS SOUCI BLVD. #101**
CITY-ST-ZIP **N. MIAMI FL 33181**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

D ☐ Change ☐ Addition
NAME **Florence Morduchav**
STREET ADDRESS **2150 Sans Souci Blvd. # 1506**
CITY-ST-ZIP **N. Miami, Fl. 33181**

D ☐ Change ☐ Addition
NAME **Arnold Patt**
STREET ADDRESS **2100 Sans Souci Blvd. # 1502**
CITY-ST-ZIP **N. Miami, Fl. 33181**

T ☐ Change ☐ Addition
NAME **Theodore McNabney**
STREET ADDRESS **2100 Sans Souci Blvd. # 602**
CITY-ST-ZIP **N. Miami, Fl. 33181**

T ☐ Change ☐ Addition
NAME **Sandra Darrall**
STREET ADDRESS **2100 Sans Souci Blvd. # 1405**
CITY-ST-ZIP **N. Miami, Fl. 33181**

T ☐ Change ☒ Addition
NAME **Emilio Rodriguez**
STREET ADDRESS **2150 Sans Souci Blvd. # 206**
CITY-ST-ZIP **N. Miami, Fl. 33181**

D ☐ Change ☒ Addition
NAME **James Rose**
STREET ADDRESS **2150 Sans Souci Blvd. # 1204**
CITY-ST-ZIP **N. Miami, Fl. 33181**

12. I 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Abe Simberg

Abe Simberg, Pres.

(305) 893-2107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #