


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90049 048 ****61.25

DOCUMENT # 719669					
1. Entity Name DOME CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2100 -2150 SANS SOUCI OFFICE NORTH MIAMI, FL 33181 US		Mailing Address 2100 -2150 SANS SOUCI BLVD OFFICE NORTH MIAMI, FL 33181 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1350690_	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BECKER, POLIAKOFF & STREITFELD, P.A. 3111 STIRLING ROAD. BOX 9057 FT. LAUDERDALE, FL 33312-3525			Name <i>Becker & Poliakoff, PA</i> Street Address (P.O. Box Number is Not Acceptable) <i>3111 STIRLING Rd</i> City <i>FT. Lauderdale</i> FL Zip Code <i>33312</i>		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLANKO, BALTASAR 2150 SANS SOUCI BLVD, 1606 MIAMI, FL 33181	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IRENE SARRY 2150 SANS SOUCI BLVD, 1603 N. MIAMI, FL 33181	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V PATT, ARNOLD 2100 SANS SOUCI BLVD. 1502 MIAMI, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3V PATT, ARNOLD 2100 SANS SOUCI BLVD. 1502 N. MIAMI, FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEHMAN, PHYLLIS 2100 SANS SOUCI BLVD. #1004 N MIAMI, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V PATIGAILL, JBEL 2100 SANS SOUCI BLVD, 1505 N. MIAMI, FL 33181	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORDUCHAY, FLORENCE 2150 SANS SOUCI BLVD 1506 N. MIAMI, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITCHELL, JOYCE 2150 SANS SOUCI BLVD 405 MIAMI, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, BARBARA 2100 SANS SOUCI BLVD 902 N. MIAMI, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Phyllis Lehman, President</i> <i>Phyllis Lehman</i> <i>4/9/08</i> <i>305-893-2104</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40068027



04012008 Chg-NP CR2E037 (12/06)

ATTACHMENT # 719669
40068027

Dome Condominium Association, Inc.

a/k/a Bayview Towers 2150 Sans Souci Boulevard Management Office North Miami, Florida 33181
(305) 893-2107 Fax (305) 893-4541 E-mail: Domecondominium@comcast.net

PHYLLIS LEHMAN, PRESIDENT
2100 SANS SOUCI BLVD., #1004
N. MIAMI, FL 33181

HERBERT BRAUN, DIRECTOR
2100 SANS SOUCI BLVD., #905
N. MIAMI, FL 33181

CHRISTINA CASTILLO, DIRECTOR
2150 SANS SOUCI BLVD., #908
N. MIAMI, FL 33181

IRENE SAARY, 1ST VICE PRESIDENT
2150 SANS SOUCI BLVD., #1603
N. MIAMI, FL 33181

ARNOLD PATT, 3RD VICE PRESIDENT
2100 SANS SOUCI BLVD., #1502
N. MIAMI, FL 33181

JOEL PATIGAILO, 2ND VICE PRESIDENT
2100 SANS SOUCI BLVD., #1505
N. MIAMI, FL 33181

FLORENCE MORDUCHAY, SECRETARY
2150 SANS SOUCI BLVD., #1506
N. MIAMI, FL 33181

TINA HUNSINGER, DIRECTOR
2150 SANS SOUCI BLVD., #604
N. MIAMI, FL 33181

JOYCE MITCHELL, TREASURER
2150 SANS SOUCI BLVD., #405
N. MIAMI, FL 33181

EMILY BALAREZO, DIRECTOR
2150 SANS SOUCI BLVD., #104
N. MIAMI, FL 33181

BARBARA STEWART, DIRECTOR
2100 SANS SOUCI BLVD., #902
N. MIAMI, FL 33181

NORMAN OSMAN, DIRECTOR
2100 SANS SOUCI BLVD., #704
N. MIAMI, FL 33181

Phyllis Lehman, President 4/9/07 see 1st page