

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719669

FILED  
Jan 03, 2011  
Secretary of State

Entity Name: DOME CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

2100 -2150 SANS SOUCI BLVD  
OFFICE  
NORTH MIAMI, FL 33181 US

## New Principal Place of Business:

2100 -2150 SANS SOUCI BLVD  
MANAGEMENT OFFICE  
NORTH MIAMI, FL 33181 US

## Current Mailing Address:

2150 SANS SOUCI BLVD  
OFFICE  
NORTH MIAMI, FL 33181 US

## New Mailing Address:

2150 SANS SOUCI BLVD  
MANAGEMENT OFFICE  
NORTH MIAMI, FL 33181 US

FEI Number: 59-1350690

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROGEL, DAVID H ESQ.  
BECKER & POLIAKOFF, P.A.  
121 ALHAMBRA PLAZA 10TH FL  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: SAARY, IRENE  
Address: 2150 SANS SOUCI BLVD #1603  
City-St-Zip: N. MIAMI, FL 33181

Title: 1VP  
Name: PATIGAILO, JOEL  
Address: 2100 SANS SOUCI BLVD, # 1505  
City-St-Zip: N. MIAMI, FL 33181

Title: T  
Name: ALARCON, JUAN CARLOS  
Address: 2150 SANS SOUCI BLVD. #606  
City-St-Zip: N. MIAMI, FL 33181

Title: S  
Name: MORDUCHAY, FLORENCE  
Address: 2150 SANS SOUCI BLVD 1506  
City-St-Zip: N. MIAMI, FL 33181

Title: D  
Name: BRAUN, HERBERT  
Address: 2100 SANS SOUCI BLVD # 905  
City-St-Zip: N. MIAMI, FL 33181

Title: D  
Name: STEWART, BARBARA  
Address: 2100 SANS SOUCI BLVD 902  
City-St-Zip: N. MIAMI, FL 33181

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: IRENE SAARY

PRES

01/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date