FILE NOW: FILING FEE IS \$61.25

Mailing Address

TAMPA FL 33609-2127

4320 WEST KENNEDY BLVD.

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

4320 WEST KENNEDY BLVD.

TAMPA FL 33609



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N96000000472 (8)

DOMINION PROPERTY OWNER'S ASSOCIATION, INC.

3. Date Incorporated or Qualified 01/29/1996 3s. Date of Last Report 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing **Trust Fund Contribution** Added to Fees 23 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name **BRONSON, MICHAEL** Street Address (P.O. Box Number is Not Acceptable) 4320 WEST KENNEDY BLVD. 83 **TAMPA FL 33609** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition ☐ DELETE 1.1 TITLE TITLE BRONSON, MICHAEL 1.2 NAME NAME 4320 WEST KENNEDY BLVD. STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33609** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE BRONSON, KATHLEEN M 2.2 NAME NAME 4320 WEST KENNEDY BLVD. STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33609** 2. 4 CITY - ST - ZIP CITY-ST-7/P Change Addition ☐ DELETE 3.1 TITLE TITLE NIKJEH, FARHOD 3.2 NAME NAME 4320 WEST KENNEDY BLVD. 3.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33609** 3.4. CITY - ST - ZIP CITY-ST-ZIE DELETE Change Addition 4.1 TITLE TIBLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Change __ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP CHTY-ST-ZH

ot with an address

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

appears in Block 12 or Block 13 if changed,

FILED

Mar 06 1997 8:00am

Secretary of State