

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000472

1. Entity Name-

DOMINION PROPERTY OWNER'S ASSOCIATION, INC.

FILED

00 MAR 20 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4320 WEST KENNEDY BLVD.
TAMPA FL 33609

Mailing Address

4320 WEST KENNEDY BLVD.
TAMPA FL 33609-2127

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Harbor, FL.

City & State

Palm Harbor, FL.

4. FEI Number

59-3356869

Applied For

Not Applicable

Zip

34684

Country

USA

Zip

34684

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRONSON, MICHAEL
4320 WEST KENNEDY BLVD.
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

FARHOD M. NIKJEH

Street Address (P.O. Box Number is Not Acceptable)

31111 US Hwy. 19 N.

City

Palm Harbor

FL

Zip Code

34684

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.

SIGNATURE

Farhod M. Nikjeh

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRONSON, MICHAEL	
STREET ADDRESS	4320 WEST KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRONSON, KATHLEEN M	
STREET ADDRESS	4320 WEST KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NIKJEH, FARHOD	
STREET ADDRESS	4320 WEST KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARHOD M. NIKJEH	
STREET ADDRESS	31111 US 19 N.	
CITY-ST-ZIP	Palm Harbor, FL. 34684	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARHOD M. NIKJEH	
STREET ADDRESS	31111 US Hwy 19 N.	
CITY-ST-ZIP	Palm Harbor, FL. 34684	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah D. NIKJEH	
STREET ADDRESS	3545 Landmark Tr.	
CITY-ST-ZIP	Palm Harbor, FL. 34684	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Farhod M. Nikjeh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00

Date

727-789 5588

Daytime Phone #

Farhod M. Nikjeh 3/16/2000

CR2E037 (9/99)