

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90599 040 \*\*\*\*61.25

0000040

**DOCUMENT # N96000000472**

1. Entity Name

**DOMINION PROPERTY OWNER'S ASSOCIATION, INC.**

Principal Place of Business

31111 U.S. HWY 19 N.  
 PALM HARBOR FL 34684

Mailing Address

31111 U.S. HWY 19 N.  
 PALM HARBOR FL 34684

2. Principal Place of Business

**31125 US HWY 19 N.**

Suite, Apt. #, etc.

3. Mailing Address

**3545 LANDMARK TRAIL**

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

**NIKJEH, FARHOD M**  
**31111 U.S. HWY 19 N.**  
**PALM HARBOR FL 34684**

7. Name and Address of New Registered Agent

Name **NIKJEH, FARHOD M.**

Street Address (P.O. Box Number is Not Acceptable)  
**3545 LANDMARK TRAIL**

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, pres.*

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

(NOTE: Registered Agent signature required when reinstating)

**2/5/01**

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	<b>PST</b>	<input type="checkbox"/> Delete
NAME	<b>NIKJEH, FARHOD M</b>	
STREET ADDRESS	<b>31111 U.S. HWY 19 N.</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NIKJEH, FARHOD M</b>	
STREET ADDRESS	<b>31111 U.S. HWY 19 N.</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>NIKJEH, DEBORAH D</b>	
STREET ADDRESS	<b>3545 LANDMARK TR</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	
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		<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowerment.

SIGNATURE:

*Farhod M. NIKJEH, pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/5/01 727-7895588**

CR2E037 (10/00)