2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719669

Entity Name: DOME CONDOMINIUM ASSOCIATION, INC.

FILED Jul 14, 2022 Secretary of State 2160799320CC

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-1350690 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ, CARLOS F ESQ. HOLLANDER, GOODE & LOPEZ, PA 314 SOUTH FEDERAL HIGHWAY DANIA BEACH, FL 33004 US

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: CARLOS F. LOPEZ 07/14/2022

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Address

City-State-Zip:

Title **PRESIDENT** Title DIRECTOR

Name ALONSO, JUAN CARLOS Name HUNSINGER, TINA

2100 -2150 SANS SOUCI BLVD 2100 -2150 SANS SOUCI BLVD Address Address

MANAGEMENT OFFICE MANAGEMENT OFFICE

City-State-Zip: City-State-Zip: NORTH MIAMI FL 33181 NORTH MIAMI FL 33181

Title **DIRECTOR** Title **SECRETARY** Name Name

GARCIA, MARIA JULIA EVORA, SERGIO

> 2100 -2150 SANS SOUCI BLVD Address 2100 -2150 SANS SOUCI BLVD MANAGEMENT OFFICE MANAGEMENT OFFICE

NORTH MIAMI FL 33181 City-State-Zip: NORTH MIAMI FL 33181

Title DIRECTOR Title ٧P

OXIOS, GIB Name Name QUINEY, KENNETH

2100 -2150 SANS SOUCI BLVD 2100 -2150 SANS SOUCI BLVD Address Address

MANAGEMENT OFFICE MANAGEMENT OFFICE

City-State-Zip: NORTH MIAMI FL 33181 City-State-Zip: NORTH MIAMI FL 33181

Title DIRECTOR Title DIRECTOR

Name LEHMAN, PHYLLIS Name COHEN, MARGERY

Address 2100 -2150 SANS SOUCI BLVD Address 2100 -2150 SANS SOUCI BLVD MANAGEMENT OFFICE

MANAGEMENT OFFICE

NORTH MIAMI FL 33181 NORTH MIAMI FL 33181 City-State-Zip: City-State-Zip:

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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.

07/14/2022 SIGNATURE: JUAN CARLOS ALONSO **PRESIDENT**

Officer/Director Detail Continued:

Title TREASURER Title DIRECTOR

Name PLATZER, SUSAN Name URIBE, EDUARDO

Address 2100 -2150 SANS SOUCI BLVD Address 2100 -2150 SANS SOUCI BLVD

MANAGEMENT OFFICE MANAGEMENT OFFICE

City-State-Zip: NORTH MIAMI FL 33181 City-State-Zip: NORTH MIAMI FL 33181

Title DIRECTOR Title DIRECTOR

Name GRAFF, MALCOLM Name GENUS, EBONEI

Address 2100 -2150 SANS SOUCI BLVD Address 2100 -2150 SANS SOUCI BLVD

MANAGEMENT OFFICE MANAGEMENT OFFICE

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