2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 719669

Entity Name: DOME CONDOMINIUM ASSOCIATION, INC.

FILED Sep 12, 2018 Secretary of State CC4824876042

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:

NORTH MIAMI FL 33181

GURSKY, DARRIN ESQ. GURSKY RAGAN, ESQ. 14 N.E. 1ST AVENUE SUITE 703 MIAMI, FL 33132 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: DARRIN GURSKY 09/12/2018

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

City-State-Zip:

PRESIDENT Title Title

Name WILLNER, LYNNE B. Name WAHLENBERG, CARY

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

TREASURER Title Title **SECRETARY**

Name SAARY, IRENE Name GARCIA, MARIA JULIA

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

MANAGEMENT OFFICE MANAGEMENT OFFICE

City-State-Zip:

NORTH MIAMI FL 33181

Title DIRECTOR Title DIRECTOR

GUTIERREZ, MARCELA Name HUNSINGER, TINA Name

2100 -2150 SANS SOUCI BLVD Address 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 MAGUTH, MARTIN Name OXIOS, GIB

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.

09/12/2018 SIGNATURE: LYNNE B. WILLNER **PRESIDENT**

Officer/Director Detail Continued:

Title DIRECTOR

Name STEWART, BARBARA

Address 2100 -2150 SANS SOUCI BLVD

MANAGEMENT OFFICE

City-State-Zip: NORTH MIAMI FL 33181

Title DIRECTOR
Name TORO, YIYI

Address 2100 -2150 SANS SOUCI BLVD

MANAGEMENT OFFICE

City-State-Zip: NORTH MIAMI FL 33181

Title DIRECTOR

Name WAHLENBERG, CARY

Address 2100 -2150 SANS SOUCI BLVD

MANAGEMENT OFFICE

City-State-Zip: NORTH MIAMI FL 33181