2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719669

Entity Name: DOME CONDOMINIUM ASSOCIATION, INC.

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

Name and Address of Current Registered Agent:

ROGEL, DAVID HESQ. BECKER & POLIAKOFF, P.A. 121 ALHAMBRA PLAZA 10TH FL CORAL GABLES, FL 33134 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Officer/Dire			
Title	Ρ	Title	VP
Name	WILLNER, LYNN	Name	OSMAN, NORM
Address	2100 SANS SOUCI BLVD PH E1	Address	2100 SANS SOUCI BLVD. #704
City-State-Zip:	N. MIAMI FL 33181	City-State-Zip:	N. MIAMI FL 33181
Title	TREASURER	Title	S
Name	SAARY, IRENE	Name	QUINEY, KENNETH
Address	2150 SANS SOUCI BLVD #1603	Address	2150 SANS SOUCI BLVD #1505
City-State-Zip:	N. MIAMI FL 33181	City-State-Zip:	N. MIAMI FL 33181
Title	D	Title	DIRECTOR
Name	BLACK, ROBERT	Name	GARCIA, MARIA
Address	2100 SANS SOUCI BLVD #1502	Address	2150 SANS SOUCI BLVD #506
City-State-Zip:	N. MIAMI FL 33181	City-State-Zip:	N. MIAMI FL 33181
Title	DIRECTOR	Title	DIRECTOR
Name	HUNSINGER, TINA	Name	PATIGAILO, JOEL
Address	2150 SANS SOUCI BLVD #604	Address	2100 SANS SOUCI BLVD #1505
City-State-Zip:	N. MIAMI FL 33181	City-State-Zip:	N. MIAMI FL 33181

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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.

SIGNATURE	: LYNN WILLNER	PRESIDENT	02/10/2015
	Electronic Signature of Signing Officer/Director Detail		Date

FILED Feb 10, 2015 Secretary of State CC6922402161

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	PINO, SANDRA	Name	REBUFFO, ALEX
Address	2150 SANS SOUCI BLVD # 1401	Address	2150 SANS SOUCI BLVD # PH F2
City-State-Zip:	N. MIAMI FL 33181	City-State-Zip:	N. MIAMI FL 33181
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR STEWART, BARBARA	Title Name	DIRECTOR WAHLENBERG, CARY