

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 719669

**Entity Name:** DOME CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 29, 2013**  
**Secretary of State**  
**CC1007093416**

**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:**

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 Date

**Officer/Director Detail :**

Title P  
Name PATIGAILO, JOEL  
Address 2100 SANS SOUCI BLVD #1505  
City-State-Zip: N. MIAMI FL 33181

Title 1VP  
Name QUINEY, KENNTH  
Address 2150 SANS SOUCI BLVD,# 1505  
City-State-Zip: N. MIAMI FL 33181

Title DIRECTOR  
Name ALARCON, JUAN CARLOS  
Address 2150 SANS SOUCI BLVD. #606  
City-State-Zip: N. MIAMI FL 33181

Title S  
Name PIMO, SANDRA  
Address 2150 SANS SOUCI BLVD 1401  
City-State-Zip: N. MIAMI FL 33181

Title D  
Name BRAUN, HERBERT  
Address 2100 SANS SOUCI BLVD # 905  
City-State-Zip: N. MIAMI FL 33181

Title TREASURER  
Name SARRY, IRENE  
Address 2150 SANS SOUCI BLVD #1603  
City-State-Zip: N. MIAMI FL 33181

*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: JOEL PATIGAILO**

**PRESIDENT**

**01/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date