

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719669

FILED
Mar 09, 2021
Secretary of State
8915136342CC

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

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

03/09/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ALONSO, JUAN CARLOS
Address 2100 -2150 SANS SOUCI BLVD
 MANAGEMENT OFFICE
City-State-Zip: NORTH MIAMI FL 33181

Title VP
Name HUNSINGER, TINA
Address 2100 -2150 SANS SOUCI BLVD
 MANAGEMENT OFFICE
City-State-Zip: NORTH MIAMI FL 33181

Title TREASURER
Name STIGER, JOANNE
Address 2100 -2150 SANS SOUCI BLVD
 MANAGEMENT OFFICE
City-State-Zip: NORTH MIAMI FL 33181

Title SECRETARY
Name GARCIA, MARIA JULIA
Address 2100 -2150 SANS SOUCI BLVD
 MANAGEMENT OFFICE
City-State-Zip: NORTH MIAMI FL 33181

Title VP
Name WILLNER, LYNNE
Address 2100 -2150 SANS SOUCI BLVD
 MANAGEMENT OFFICE
City-State-Zip: NORTH MIAMI FL 33181

Title DIRECTOR
Name EVORA, SERGIO
Address 2100 -2150 SANS SOUCI BLVD
 MANAGEMENT OFFICE
City-State-Zip: NORTH MIAMI FL 33181

Title DIRECTOR
Name OXIOS, GIB
Address 2100 -2150 SANS SOUCI BLVD
 MANAGEMENT OFFICE
City-State-Zip: NORTH MIAMI FL 33181

Title DIRECTOR
Name QUINEY, KENNY
Address 2100 -2150 SANS SOUCI BLVD
 MANAGEMENT OFFICE
City-State-Zip: NORTH MIAMI FL 33181

Continues on page 2

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: JOANNE STIGER

TREASURER

03/09/2021

Electronic Signature of Signing Officer/Director Detail

Date

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 LEHMAN, PHYLLIS
Address 2100-2150 SANS SOUCI BLVD
MANAGEMENT OFFICE
City-State-Zip: NORTH MIAMI FL 33181

Title DIRECTOR
Name MAGUTH, MARTIN
Address 2100-2150 SANS SOUCI BLVD
MANAGEMENT OFFICE
City-State-Zip: NORTH MIAMI FL 33181