2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:

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

Certificate of Status Desired: No

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			06/23/2020	
	Electronic Signature of Registered Agent			Date	
Officer/Direc	tor Detail :				
Title	PRESIDENT	Title	VP		
Name	TORO, GUILLERMINA	Name	GENUS, EBONEI		
Address	2100 -2150 SANS SOUCI BLVD MANAGEMENT OFFICE	Address	2100 -2150 SANS SOUCI BLVE MANAGEMENT OFFICE)	
City-State-Zip:	NORTH MIAMI FL 33181	City-State-Zip:	NORTH MIAMI FL 33181		
Title	TREASURER	Title	DIRECTOR		
Name	STIGER, JOANNE	Name	ALONSO, JUAN-CARLOS G.		
Address	2100 -2150 SANS SOUCI BLVD MANAGEMENT OFFICE	Address	2100 -2150 SANS SOUCI BLVE MANAGEMENT OFFICE)	
City-State-Zip:	NORTH MIAMI FL 33181	City-State-Zip:	NORTH MIAMI FL 33181		
Title	DIRECTOR	Title	DIRECTOR		
Name	BACHAND, BOB	Name	EVORA, SERGIO		
Address	2100 -2150 SANS SOUCI BLVD MANAGEMENT OFFICE	Address	2100 -2150 SANS SOUCI BLVE MANAGEMENT OFFICE)	
City-State-Zip:	NORTH MIAMI FL 33181	City-State-Zip:	NORTH MIAMI FL 33181		
Title	SECRETARY	Title	DIRECTOR		
Name	OXIOS, GIB	Name	MAGUTH, MARTIN		
Address	2100 -2150 SANS SOUCI BLVD MANAGEMENT OFFICE	Address	2100 -2150 SANS SOUCI BLVE MANAGEMENT OFFICE)	
City-State-Zip:	NORTH MIAMI FL 33181	City-State-Zip:	NORTH 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: GUILLERMINA TORO

PRESIDENT

Electronic Signature of Signing Officer/Director Detail

FILED Jun 23, 2020 Secretary of State 3705536886CC

Officer/Director Detail Continued :

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