

2019 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**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**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

02/19/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title DIRECTOR
Name HUNSINGER, TINA
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 GARCIA, MARIA JULIA
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

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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: LYNNE B. WILLNER

PRESIDENT

02/19/2019

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 MAGUTH, MARTIN
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

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