

2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N15000004806

Entity Name: DOMINICA ASSOCIATION OF TAMPA BAY, INC.**Current Principal Place of Business:**9815 SOMERSET WIND DRIVE, APARTMENT 103
RIVERVIEW, FL 33578**Current Mailing Address:**9815 SOMERSET WIND DRIVE, APARTMENT 103
RIVERVIEW, FL 33578**FEI Number: 81-1192382****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DOMINICA ASSOCIATION OF TAMPA BAY
9815 SOMERSET WIND DRIVE.
APT 103
RIVERVIEW, FL 33578 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: DOREEN SHILLINGFORD****10/11/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SHILLINGFORD, DOREEN
Address 9815 SOMERSET WIND DRIVE, APT 103
City-State-Zip: RIVERVIEW FL 33578

Title VP
Name BEAUPIERRE, AUGUSTUS
Address 9815 SOMERSET WIND DRIVE, APT 103
City-State-Zip: RIVERVIEW FL 33578

Title AMBR
Name JAMES, MELVIN
Address 9815 SOMERSET WIND DRIVE, APT 103
City-State-Zip: RIVERVIEW FL 33578

Title VP
Name ALEXANDER, ESTHER
Address 9815 SOMERSET WIND DRIVE, APT 103
City-State-Zip: RIVERVIEW FL 33578

Title S
Name DOUGLAS, SOLANGE
Address 9815 SOMERSET WIND DRIVE, APT 103
City-State-Zip: RIVERVIEW FL 33578

Title AMBR
Name ALEXANDER, MCDONALD
Address 9815 SOMERSET WIND DRIVE, APT 103
City-State-Zip: RIVERVIEW FL 33578

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: DOREEN SHILLINGFORD**PRESIDENT****10/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date