

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37564

**FILED**  
**Mar 14, 2023**  
**Secretary of State**  
**2615498088CC**

**Entity Name:** DUMOND CONSERVANCY FOR PRIMATES AND TROPICAL FORESTS, INC.

**Current Principal Place of Business:**

C/O MONKEY JUNGLE  
14805 SW 216 ST  
MIAMI, FL 33170

**Current Mailing Address:**

C/O MONKEY JUNGLE  
P O BOX 246  
MIAMI, FL 33170

**FEI Number: 65-0201636**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DUMOND, FRANK V., JR.  
14805 SW 216 ST  
MIAMI, FL 33170 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            PRESIDENT, DIRECTOR  
Name            DUMOND, FRANK VJR  
Address        14805 SW 216 ST  
City-State-Zip: MIAMI FL 33170

Title            DIRECTOR  
Name            DUMOND, SHARON M  
Address        14805 SW 216 ST  
City-State-Zip: MIAMI FL 33170

Title            SECRETARY, DIRECTOR  
Name            BRYN, KRISTINA B  
Address        9120 WEST BAY HARBOR DRIVE #4B  
City-State-Zip: BAY HARBOR ISLAND FL 33154

Title            TREASURER, DIRECTOR  
Name            LOCKWOOD, FRANK S  
Address        326 MISTLETOE LANE  
City-State-Zip: SYLVIA NC 28779

Title            DIRECTOR  
Name            SPELIOS, LOUIS G  
Address        600 CORAL WAY FLOOR 12  
City-State-Zip: CORAL GABLES FL 33134

Title            DIRECTOR  
Name            MILLS, JOHN  
Address        22290 SW 266 ST  
City-State-Zip: HOMESTEAD FL 33031

Title            DIRECTOR  
Name            BRYN, MARK  
Address        9120 WEST BAY HARBOR DRIVE #4B  
City-State-Zip: BAY HARBOR ISLAND FL 33154

*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: FRANK DUMOND**

**PRESIDENT**

**03/14/2023**

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

\_\_\_\_\_  
Date