

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90024 011 ****66.25

DOCUMENT # 709169

1. Entity Name

DADE COUNTY OPTOMETRIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3001 W 12 AVE
SUITE 9
HIALEAH FL 33012

4871 N.W. 99TH COURT
MIAMI FL 33178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2017621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASAS, MARIA L
4871 NW 99 COURT
MIAMI FL 33178

Name KERI Pomella

Street Address (P.O. Box Number is Not Acceptable)

3552 Magellan Circle #124

City Aventura

FL

Zip Code 33180

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPP
POMELLA, KERI ☐ Delete
3552 MAGELLAN CIRCLE
AVENTURA FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MOENNICHMEYER, TANJA ☐ Delete
521 N.E. 50 TERRACE
MIAMI FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CASAS, MARIA L ☒ Delete
4871 N.W. 99TH COURT
MIAMI FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Michelle Caputo ☒ Change ☐ Addition
575 Crandon Blvd #904
Key Biscayne FL 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
TAMKINS, SUSANNA ☒ Delete
4141 BONITA AVENUE
MIAMI FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ALAN Levi VP ☒ Change ☐ Addition
1031 Ives Dairy Rd Suite #133
N. Miami Bch, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

Keri M. Pomella president 2/2/04

305-931-7292