FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:17

DOCUMENT # **740930** **(3)**

1. Corporation Name

THE DORCHESTER OF PALM BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
~~The Dorchester of Palm Beach Condominium Inc~~
3250 S. OCEAN BLVD.
PALM BEACH FL 33480-5636

Mailing Address
~~The Dorchester of Palm Beach Condominium Inc~~
3250 S. OCEAN BLVD.
PALM BEACH FL 33480-5636

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1977
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1876697 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

WEBER, SHARON
450 AUSTRALIAN AVENUE S., STE 720
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

01 Name: Peter C. Mollengarden
02 Street Address (P.O. Box Number is Not Acceptable): 500 Australian Avenue South, 9th Floor
03
04 City: West Palm Beach, FL 05 Zip Code: 33401

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE 5/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	1.1 TITLE		☐ Change ☐ Addition
NAME	ION, BRENT	1.2 NAME		
STREET ADDRESS	3250 S. OCEAN BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH FL	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	GRESSER, PHYLLIS	2.2 NAME		
STREET ADDRESS	3250 S OCEAN BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH, FL 00000	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	FOX, DORIS	3.2 NAME		
STREET ADDRESS	3250 S OCEAN BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	SOTER, WILLIAM	4.2 NAME		
STREET ADDRESS	3250 S OCEAN BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH, FL 00000	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SCANGAS, ANGELO	5.2 NAME		
STREET ADDRESS	3250 S OCEAN BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH, FL 00000	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☑ Change ☐ Addition
NAME	SILBERMAN, SAUL	6.2 NAME	GREENFIELD, PHYLLIS	
STREET ADDRESS	3250 S OCEAN BLVD	6.3 STREET ADDRESS	3250 S. OCEAN BLVD	
CITY-ST-ZIP	PALM BCH, FL 00000	6.4 CITY-ST-ZIP	Palm Beach, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5/10/95 407-586-3304
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Doris B. Fox

0013102