

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90093 027 ****61.25

DOCUMENT # 740930					
1. Entity Name THE DORCHESTER OF PALM BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business THE DORCHESTER OF PALM BEACH CONDO, INC 3250 S. OCEAN BLVD. PALM BEACH, FL 33480-5636 US			Mailing Address THE DORCHESTER OF PALM BEACH CONDO INC 3250 S. OCEAN BLVD. PALM BEACH, FL 33480-5636 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1876697	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOLLEGARDEN, PETER C 500 AUSTRALIAN AVE S 9TH FLOOR W PALM BCH, FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Peter C. Mollegarden</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4-7-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$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	V AXELROD, MARVIN 3250 S OCEAN BLVD # 4095 PALM BCH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOMZE, RICHARD 3250 S. OCEAN BLVD. #402N PALM BEACH, FL 33480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bomze, Richard 3250 S. Ocean Blvd # 402N Palm Beach, FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSOACRANS, RICHARD 3250 S OCEAN BLVD # 2405 PALM BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Robert Weinstein 3250 S. Ocean Blvd # 103N Palm Beach FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOKOTOFF, MALCOLM 3250 S. OCEAN BLVD. #301S PALM BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mokotoff, Malcolm 3250 S. Ocean Blvd # 301S Palm Beach FL 301S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FESSAGUET, MIRIAM 3250 S. OCEAN BLVD. PALM BCH, FL 00000,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Fessaguet, Miriam 3250 S. Ocean Blvd. # 309S Palm Beach FL <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARVEN, ALVIN 3250 S OCEAN BLVD # 304 PALM BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Miller, Richard 3250 S Ocean Blvd #570 S Palm Beach FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u>Miriam F. Fessaguet</u> MIRIAM S. FESSAGUET				DATE <u>4-7-05</u> DAYTIME PHONE # <u>561-566-3304</u>	