
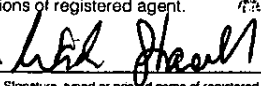
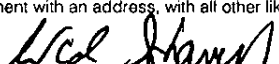


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90288 035 \*\*\*\*61.25

<b>DOCUMENT # 744385</b> 1. Entity Name DUNSTER HOUSE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 360 S. OCEAN BLVD. PALM BEACH, FL 33480		Mailing Address 360 S. OCEAN BLVD. PALM BEACH, FL 33480			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>59-1842094</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEYERS, GAIL MCGRATH & MEYERS PA 5725 CORPORATE WAY #101 WEST PALM BEACH, FL 33407			Name <b>Gail Meyers</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O Meyers &amp; Associate CPA PA</b> <b>5725 Corporate Way #101</b> City <b>West Palm Beach</b>		
			FL Zip Code <b>33407</b>		
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		 <b>WADE SHAPELL</b>		DATE <b>4-18-2005</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <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	VD	<input type="checkbox"/> Delete	TITLE	<del>Change</del>	<input type="checkbox"/> Addition
NAME	WINSTON, VICTOR		NAME		
STREET ADDRESS	360 S OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, EDWARD		NAME		
STREET ADDRESS	360 S OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHVAL, STEVE		NAME		
STREET ADDRESS	360 S OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUBOW, RALPH		NAME		
STREET ADDRESS	360 S OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WADE SHAPELL		NAME		
STREET ADDRESS	360 S OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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		 <b>WADE SHAPELL</b>		DATE <b>4-18-2005</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	
				DAYTIME PHONE #	