

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00448

1. Entity Name

DORCHESTER A OF KINGS POINT CONDOMINIUM ASSOCIAT

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90019 011 ****61.25

Principal Place of Business

Mailing Address

1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573-4351

1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573-5912

2. Principal Office
Sterling Management, Inc.
723 Imar Drive
Suite, Apt. #, etc.
Sun City Center, FL 33573

3. Mailing Office
Sterling Management, Inc.
723 Imar Drive
Suite, Apt. #, etc.
Sun City Center, FL 33573

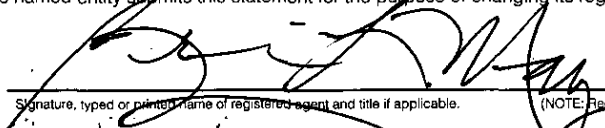


DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 59-2155963	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GREENE, ROBERT E. FLORIDA LIFESTYLE MANAGEMENT 1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573	7. Name and Address of New Registered Agent Brian L. May/Sterling Management 723 Imar Drive Sun City Center, FL 33573 FL Zip Code
--	--

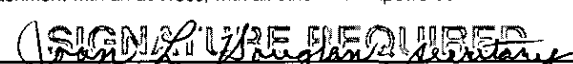
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **5-5-2000**

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KULP, ALLEN 401 DEGRASSE, A13 SUN CITY CNTR, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVERHART, MAE 401 DEGRASSE, A10 SUN CITY CTR, FL 00000 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Sharon Gonsior 401 Degrasse, A003 Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD MOGEL, SHIRLEY 401 DEGRASSE #5 SUN CITY CTR, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOUGLAN, JOAN 401 DEGRASSE #11 SUN CITY CTR, FL 00000 <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	TD SCHMITZ, METHA 401 DEGRASSE #A-17 SUN CITY CTR. FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____

CR2E037 (9/99)