2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N35809**

1. Entity Name

DORCHESTER J CONDOMINIUM ASSOCIATION, INC.

ı	THE STA
ı	
ı	MAN TO A
ſ	
ı	10
ı	
ı	GOO WE THE

FILED Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90194 001 ****61.25

Mailing Address Mailing Address City George LEMERS 20 DOROHESTER W. P. Mail BEORIE II. 3947 W. P. Mailing Address City George LEMERS 20 DOROHESTER W. P. Mailing Address City George LEMERS 20 DOROHESTER W. P. Mailing Address City George LEMERS 20 DOROHESTER W. P. Mailing Address City George LEMERS 20 DOROHESTER W. P. Mailing Address City George LEMERS 20 DOROHESTER W. P. Mailing Address City George LEMERS City George LEMER									
Suite, Apt #. etc. City & State City & City & State City &	C/O GEORGE 220 DORCHEST	lemerse Ter j	C/O GEORGE LEMERSE 220 DORCHESTER J W. PALM BEACH FL 33417					E1014 1084	
City & State A. FEI Number 59-1651363	2. Principal P	lace of Business	3. Mailing Address						
Second S	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
EMERISE, GEORGE 20 DORCHESTER J CETTURY VILLAGE WAR FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS IN MALE STREET ADDRESS 220 DORCHESTER J CHINGY OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN MALE STREET ADDRESS OFFICERS AND DIRECTORS OFFICERS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS OFFICERS AND DIRECTORS OFFICERS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS OFFICERS AND DIRECTORS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS AND DIRECTORS OFFICERS OFFI	City & Stat	e	City & State		4. FEI Number 5	4. FEI Number 59-1651363 Applied For Not Applicate			
LEMERISE, GEORGE 220 DORCHESTER J CENTURY VILIAGE WPS FL 33417 6. The above numed entity submits this statement for the purpose of changing its registered degent, or both, in the State of Florida. I am form flar with, and accept the obligations of registered agent. S'GNATURE Signal A. Notice or pitted name of injustment agent and 190 F augstackles. INCTE Registered Agent agent and registered agent, or both, in the State of Florida. I am form flar with, and accept the obligations of registered agent, or both, in the State of Florida. I am form flar with, and accept the obligations of registered agent. S'GNATURE Signal A. Notice or pitted name of injustment agent and 190 F augstackles. INCTE Registered Agent agent and view initiating DATE FILE NOW: FEE IS \$61.25 9. Election Companies of Agent agent and view initiating DATE FILE NOW: FEE IS \$61.25 9. Election Companies of Agent agent and view initiating DATE Time NAME LEMERISE, GEORGE Defets TITLE NAME DATE DA	Zip Country		Zip	Zip Country		5 Certificate of Status Desired \$8.75 Additional			
LEMERISE, GEORGE 220 DORCHESTER J CENTURY VILIAGE WPS FL 33417 6. The above numed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State Obligation of Florica agent when who are accept the manufactured agent and accept the obligations of registered agent, or both, in the State Obligation of Registered Agent when who are accept the manufactured agent and accept the obligation of Registered Agent accepts and accept the obligation of Registered A	· ·	6. Name and Address of Current	Registered Agent	- 'i'	7. Name and Add	ress of New Registered Ag	ent		ı
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 Signature, types or present name of required agent and take if applicable. OPTICE Registered Agent agreement provinced when remaissing) DATE	220 DOR CENTUR	e, george Chester J / Village							!
B: The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature. Signature provided name of imposes agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing	WPB FL 3	33417		City			Zip Code		1
SIGNATURE FILE NOW: FEE IS \$61.25 B. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD LEMERISE, GEORGE STREET ADDRESS 220 DORCHESTER J VP ALM BEACH FL 33417 TITLE VP OBelde NAME SERTA ADDRESS 233 DORCHESTER J VEST PALM BEACH FL 33417 TITLE TITLE TOWNST-31-2P VEST PALM BEACH FL 33417 TITLE D D D D D D D D D D D D D D D D D D D				<u></u>			<u> </u>		l
TITLE	SIGNATURE .	Signature, typed or printed name of registered agent (9. Election Carr	paign Financing	\$5.00 May Be	Make Check			<u></u>
TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE VP SEARS, JURE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33417 TITLE NAME STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33417 TITLE NAME STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33417 TITLE NAME NAME STREET ADDRESS TREET ADDRESS TREE	10.	OFFICERS AND DIE	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIR	ECTORS IN	10	ĺ
NAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33417 TITLE NAME LAMBERTSON, HELENE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33417 TITLE D Delete TITLE D Delete TITLE CITY-ST-ZIP WEST PALM BEACH FL 33417 TITLE D Delete TITLE D DELET TITLE D DELET DELE	TITLE NAME STREET ADDRESS	PD LEMERISE, GEORGE 220 DORCHESTER J		TITLE NAME STREET ADDRESS	SANE LEME 220 DORCH	RISE FSTER J		•	E037 (10/02)
TITLE NAME VAMBERTSON, HELENE 233 DORCHESTER J VEST PALM BEACH FL 33417 TITLE D Delete TITLE D DACHESTER J VEST PALM BEACH FL 33417 TITLE D O Delete TITLE D Delete TITLE D DACHESTER J VEST PALM BEACH FL 33417 TITLE D O Delete TITLE D O Delete TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP VEST PALM BEACH FL 33417 TITLE D DELET D DELET TITLE D DELET TITLE D DELET TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D DIMA, FRANK STREET ADDRESS CITY-ST-ZIP VEST PALM BEACH FL 33417 TITLE D DIMA, FRANK STREET ADDRESS CITY-ST-ZIP VEST PALM BEACH FL 33417 TITLE D DIMA, FRANK STREET ADDRESS CITY-ST-ZIP VEST PALM BEACH FL 33417 TITLE NAME STREET ADDRESS CITY-ST-ZIP VEST PALM BEACH FL 33417 TITLE D DIMA, FRANK STREET ADDRESS CITY-ST-ZIP VEST PALM BEACH FL 33417	NAME STREET ADDRESS	VP SEARS, JURE 233 DORCHESTER J	☐ Delete	NAME STREET ADDRESS	VINCENT MAR 228 DORCHE	TINELL; JR.		Addition	CR2
NAME STREET ADDRESS CITY-ST-ZIP W. PALM BEACH FL 33417 TITLE NAME CARRIERE, BRUNO STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33417 TITLE D Delete TITLE D TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D TITLE D TITLE D TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D TITLE D TITLE D TITLE STREET ADDRESS CITY-ST-ZIP TITLE D TITLE D TITLE STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	233 DORCHESTER J	☐ Delete	NAME STREET ADDRESS	\sim	BASHIAN ESTER J EACH FL. 3	□ Change 3 41 7	7	
STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL 33417 CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE		1 /	☐ Change	Addition Addition	<u>.</u>
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME DIMA, FRANK STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	234 DORCHESTER J		STREET ADDRESS	·				
NAME DIMA, FRANK STREET ADDRESS 213 DORCHESTER J STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33417 NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	CARRIERE, BRUNO 227 DORCHESTER J WEST PALM BEACH FL 33417	☐ Delete	NAME STREET ADDRESS			Change	☐ Addition	İ
	NAME STREET ADDRESS CHTY-ST-ZIP	DIMA, FRANK 213 DORCHESTER J WEST PALM BEACH FL 33417		NAME STREET ADDRESS CITY-ST-ZIP	d in Section 110 07/0/0 F				ſ

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:

(81)686-2046