

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002748 (0)

1. Corporation Name

DORCHESTER G CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**DORCHESTER G CONDOMINIUM
APT 149, CENTURY VILLAGE
WEST PALM BEACH FL 33417**

**DORCHESTER G CONDOMINIUM
APT 149, CENTURY VILLAGE
WEST PALM BEACH FL 33417**

3. Date Incorporated or Qualified

06/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1637-962

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALBERT, RUTH
DORCHESTER G CONDOMINIUM
APT 149, CENTURY VILLAGE
WEST PALM BEACH FL 33417**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Ruth Albert

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

1/26/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

**ALBERT, RUTH
DORCHESTER G-149 CENTURY VILLAGE
WEST PALM BEACH FL 33417**

STREET ADDRESS

CITY-ST-ZIP

TITLE

VD

☒ DELETE

NAME

**GOLDSTEIN, ARTHUR
DORCHESTER G-151 CENTURY VILLAGE
WEST PALM BEACH FL 33417**

STREET ADDRESS

CITY-ST-ZIP

TITLE

SD

☐ DELETE

NAME

**ZWEIGMAN, ANN
DORCHESTER G-147 CENTURY VILLAGE
WEST PALM BEACH FL 33417**

STREET ADDRESS

CITY-ST-ZIP

TITLE

TD

☒ DELETE

NAME

**ISAACS, ELLEN
DORCHESTER G-160 CENTURY VILLAGE
WEST PALM BEACH FL 33417**

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

**SHOVERS, IMAN
DORCHESTER G-156 CENTURY VILLAGE
WEST PALM BEACH FL 33417**

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

**WEINER, HAROLD
DORCHESTER G-141 CENTURY VILLAGE
WEST PALM BEACH FL 33417**

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change

☒ Addition

☐ Change

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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)(k), 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:

Ruth Albert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 (407) 686-8144

DATE

DAYTIME PHONE #

CR2E037 (12/95)