

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90082 032 ****61.25

DOCUMENT # N95000002748

1. Entity Name

DORCHESTER G CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**DORCHESTER G CONDO.
 APT 156
 WST PALM BEACH FL 33417
 US**

Mailing Address

**DORCHESTER G CONDO
 156 DORCHESTER G
 WEST PALM BEACH FL 33417
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1637962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SHOVERS, ILEANE
 DORCHESTER G. CONDOMINIUM
 156 DORCHESTER G.
 WEST PALM BCH FL 33417**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	BM	<input type="checkbox"/> Delete
NAME	RUTH, ALBERT	
STREET ADDRESS	DORCHESTER G. 149	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	BM	<input type="checkbox"/> Delete
NAME	SOLOMON, NORMA	
STREET ADDRESS	148 DORCHESTER G	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NANKERVIS, GRACE	
STREET ADDRESS	162 DORCHESTER G	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DI PLAMA, MARIE	
STREET ADDRESS	164 DORCHESTER G	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DIMIOIO, GRACE	
STREET ADDRESS	161 DORCHESTER G	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-01

Date

(561) 687-5179

Daytime Phone #

CR2E037 (10/00)