

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90009 037 \*\*\*\*61.25

DOCUMENT # N00448

1. Entity Name

DORCHESTER A OF KINGS POINT CONDOMINIUM ASSOCIAT

Principal Place of Business

Mailing Address

STERLING MANAGEMENT, INC.  
723 IMAR DR  
SUN CITY CENTER FL 33573

STERLING MANAGEMENT, INC.  
723 IMAR DR  
SUN CITY CENTER FL 33573

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2155963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAY, BRIAN L  
STERLING MANAGEMENT  
723 IMAR DR  
SUN CITY CENTER FL 33573

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☒ Delete  
NAME KULP, ALLEN  
STREET ADDRESS 401 DEGRASSE, A13  
CITY-ST-ZIP SUN CITY FL

TITLE PA ☐ Change ☒ Addition  
NAME SCHMITZ, METHA  
STREET ADDRESS 401 DEGRASSE ST A17  
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE VD ☒ Delete  
NAME EVERHART, MAE  
STREET ADDRESS 401 DEGRASSE, A10  
CITY-ST-ZIP SUN CITY CTR, FL 00000

TITLE VD ☐ Change ☐ Addition  
NAME BYE, FRANCES  
STREET ADDRESS 401 DEGRESSE ST A4  
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE ASD ☒ Delete  
NAME MOGEL, SHIRLEY  
STREET ADDRESS 401 DEGRASSE #5  
CITY-ST-ZIP SUN CITY CTR, FL 00000

TITLE SD ☒ Change ☐ Addition  
NAME MOGEL, SHIRLEY  
STREET ADDRESS 401 DEGRASSE ST. A 5  
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE SD ☒ Delete  
NAME HOUGLAN, JOAN  
STREET ADDRESS 401 DEGRASSE #11  
CITY-ST-ZIP SUN CITY CTR, FL 00000

TITLE D ☐ Change ☒ Addition  
NAME BEAN, MARVIN  
STREET ADDRESS 401 DEGRASS ST A 20  
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE TD ☒ Delete  
NAME SCHMITZ, METHA  
STREET ADDRESS 401 DEGRASSE #A-17  
CITY-ST-ZIP SUN CITY CTR. FL 33573

TITLE TD ☐ Change ☒ Addition  
NAME GONSIOR, SHARON  
STREET ADDRESS 401 DEGRASSE ST A 3  
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Metha Schmitz Pres. Dor. A.

Date

Daytime Phone #

3-16-01 633-1719 (813)

CR2E037 (10/00)