

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90038 005 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ileana Shovers, Pres.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida 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	MILLGORE, SANDRA	
STREET ADDRESS	144 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	BM	<input type="checkbox"/> Delete
NAME	Scattidi JOSEPH	
STREET ADDRESS	163 Dorchester G	
CITY-ST-ZIP	W. P. B. FL 33417	

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

Ileana Shovers **ILEANE SHOVERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/4/04

Daytime Phone #

561 687-5179