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

DOCUMENT # 757119

1. Entity Name
DOGWOOD CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address	
235 NE 6th Ave.	235 N.E. 6th Ave.	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc. Suite D	Suite, Apt. #, etc. Suite D	

City & State Delray Beach, FL	City & State Delray Beach, FL	**4.** FEI Number 59-2173416	Applied For / Not Applicable
Zip 33483	Country USA	Zip 33483	Country USA	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name David Pugh

Street Address (P.O. Box Number is Not Acceptable)
235 NE 6th Ave.

Suite D

City Delray Beach   FL   Zip Code 33483

DO NOT WRITE
IN THIS SPACE

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 _____   DATE 4-15-4

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR	**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	PD	TITLE	
NAME	Lappen, Gay	NAME	800033586888
STREET ADDRESS	5340 Las Verdes Cr., #314	STREET ADDRESS	04/22/04--01060--008 **61.25
CITY-ST-ZIP	Delray Beach, FL 33484	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	Al Goldberg	NAME	
STREET ADDRESS	5340 Las Verdes Cr., #219	STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33484	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	Zee Wanger	NAME	
STREET ADDRESS	5340 Las Verdes Cr., #214	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Delray Beach, FL 33484	CITY-ST-ZIP	**IN THIS SPACE**
TITLE	SD	TITLE	
NAME	Fried, Virginia	NAME	
STREET ADDRESS	5340 Las Verdes Cr., #320	STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33484	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Levine, Evelyn	NAME	
STREET ADDRESS	5340 Las Verdes Cr., #203	STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33484	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Schaffer, Ruth	NAME	
STREET ADDRESS	5340 Las Verdes Cr., #204	STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33484	CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____   5/16/04   561-272-2617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #