

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90073 038 \*\*\*\*\*61.25

**DOCUMENT # 742442**

1. Entity Name

DORCHESTER A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~23~~ DORCHESTER A  
~~APT 7~~  
WEST PALM BEACH FL 33417  
US

~~7~~ DORCHESTER A  
~~APT 7~~  
WEST PALM BEACH FL 33417  
US

2. Principal Place of Business

7 DORCHESTER A

3. Mailing Address

7 DORCHESTER A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1648391

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

~~CATHERINE CARDINAL~~  
~~COHEN MEYER~~ 7 DORCHESTER A  
DORCHESTER A CEN VILL  
W PALM BEACH 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

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**  
**Due By May 1, 2005**

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 P ☐ Delete  
NAME CARDINAL, CATHERINE  
STREET ADDRESS DORCHESTER A7  
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE VP ☐ Delete  
NAME SADLER, JAQUELINE  
STREET ADDRESS DORCHESTER A6  
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ST ☐ Delete  
NAME MATKIVICH, MADELINE  
STREET ADDRESS DORCHESTER A8  
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE MGRM ☒ Delete  
NAME EUBALM, JOANNE  
STREET ADDRESS DORCHESTER A1  
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE MGRM ☐ Delete  
NAME VELDHIJZEN, LUZ  
STREET ADDRESS DORCHESTER A5  
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME MARIE CLAIRE JASSIN  
STREET ADDRESS 9 DORCHESTER A  
CITY-ST-ZIP WEST PALM BEACH FLA. 3347

TITLE ☐ Change ☐ Addition  
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:

*Catherine G. Cardinal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05  
Date

Daytime Phone #