

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

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-03-2005 90042 042 ****61.25

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1st MOORE CR2E037 (10/04)

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 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHOVERS, ILEANE <i>President</i> 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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	BM <input type="checkbox"/> Delete RUTH, ALBERT DORCHESTER G. 149 WEST PALM BEACH FL		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	BM <input type="checkbox"/> Delete MILLGORE, SANDRA 144 DORCHESTER G WEST PALM BEACH FL 33417		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete NANKERVIS, GRACE 162 DORCHESTER G WEST PALM BCH FL		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VPD <input type="checkbox"/> Delete DI PLAMA, MARIE 164 DORCHESTER G WEST PALM BEACH FL		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DS <input type="checkbox"/> Delete DIMIOIO, GRACE 161 DORCHESTER G WEST PALM BEACH FL 33417		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	BM <input type="checkbox"/> Delete SCATTIDI, JOSEPH 163 DORCHESTER G WEST PALM BEACH FL 33417		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Ileane Shovers, Pres.</i> ILEANE SHOVERS			Date 1-26-05 Daytime Phone 561-6876179		