

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90156 033 ****61.25

DOCUMENT # N00448

1. Entity Name

DORCHESTER A OF KINGS POINT CONDOMINIUM ASSOCIAT



*****New Address*****

Sterling Management
1701-B Rickenbacker Drive
Sun City Center, FL 33573

*****New Address*****

Sterling Management
1701-B Rickenbacker Drive
Sun City Center, FL 33573

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

BECKER & POLIAKOFF, P.A.
2410 WEST BAY DR., STE 414
723 IMAR DR
LARGO FL 33-7709

Name

Street

City

7. Name and Address of New Registered Agent

James R. De Furio, Esquire
101 E. Kennedy Blvd., Suite 1030
Tampa, FL 33602

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

MAR 25 2003

FILE NOW: FEE IS \$61.25

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 **PD** ☐ Delete
NAME **SCHMITZ, METHA**
STREET ADDRESS **401 DEGRASSE ST A17**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **VD** ☐ Delete
NAME **BYE, FRANCES**
STREET ADDRESS **401 DEGRASSE ST A4**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **SD** ☐ Delete
NAME **MOGEL, SHIRLEY**
STREET ADDRESS **401 DEGRASSE ST A5**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **D** ☐ Delete
NAME **BEAN, MARVIN**
STREET ADDRESS **401 DEGRASSE ST A20**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **TD** ☐ Delete
NAME **GONSIOR, SHARON**
STREET ADDRESS **401 DEGRASSE ST A3**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

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
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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
SIGNATURE REQUIRED

2-26-03

813-633-1719

CR2E037 (10/02)