

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35809

Entity Name: DORCHESTER J CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O BILL MAURO
211 DEAN STREET APT 1
BROOKLYN, NY 11217**Current Mailing Address:**GALLAGHER P.M., INC.
PO BOX 16096
WPB, FL 33416**FEI Number:** 59-1651363**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GALLAGHER P.M., INC
905 NW 10TH ST.
BOYNTON BCH, FL 33426 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TREASURER
Name	ROBINSON, DIANE
Address	236 DORCHESTER J
City-State-Zip:	W. PALM BEACH FL 33417

Title	VP
Name	STENNAGEL, ROBERT
Address	232 DORCHESTER J
City-State-Zip:	WPB FL 33417

Title	D
Name	NOVIA, ANN
Address	226 DORCHESTER J
City-State-Zip:	WPB FL 33417

Title	P
Name	MAURO, WILLIAM
Address	C/O BILL MAURO 211 DEAN STREET APT 1
City-State-Zip:	BROOKLYN NY 11217

Title	DIRECTOR
Name	COWLING, LLOYD
Address	234 DORCHESTER J
City-State-Zip:	WEST PALM BEACH FL 33417

Title	SECRETARY
Name	MAURO, WILLIAM
Address	220 DORCHESTER J
City-State-Zip:	WEST PALM BEACH FL 33417

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM MAURO**PRESIDENT****04/04/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date