


**2005 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # 742442
 1. Entity Name
DORCHESTER A CONDOMINIUM ASSOCIATION, INC.



FILED
 05 DEC 19 PM 5:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
7 DORCHESTER A **7 DORCHESTER A**
APT 7 **APT 7**
WEST PALM BEACH, FL 33417 US **WEST PALM BEACH, FL 33417 US**



2. Principal Place of Business 3. Mailing Address
4112 Shelley Rd. No. Suite, Apt. #, etc.

10262005 Chg-NP CR2E037 (10/03)

City & State City & State
WPB FLA. City & State

4. FEI Number Applied For
59-1648391 Not Applicable

Zip Country Zip Country
33407 Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CARDINAL, CATHERINE
7 DORCHESTER A CEN VILL
W PALM BEACH, FL 33417

7. Name and Address of New Registered Agent
 Name
Madeleine MATKIVICH
 Street Address (P.O. Box Number is Not Acceptable)
4112 Shelley Rd. No.
WPB FL 33407
 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 Madeleine Matkivich **300062338133**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **12/21/05--0105E--001 ***E1 25**

Amended AR 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDINAL, CATHERINE		NAME	Madeleine MATKIVICH	
STREET ADDRESS	DORCHESTER A7		STREET ADDRESS	4112 Shelley Rd. No.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	W.P. B. FL. 33407	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADLER, JAQUELINE		NAME	meyer Cohon	
STREET ADDRESS	DORCHESTER A6		STREET ADDRESS	Dorchester A16	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	WPB FL. 33417	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	Vickie Amter	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATKIVICH, MADELINE		NAME	Dorchester A11	
STREET ADDRESS	DORCHESTER A8		STREET ADDRESS	WPB FL. 33417	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	ETHEL SPELLMAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASSIN, MARIE CLAIRE		NAME	Dorchester A20	
STREET ADDRESS	9 DORCHESTER A		STREET ADDRESS	WPB FL. 33417	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELDHUIZEN, LUZ		NAME		
STREET ADDRESS	DORCHESTER A5		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	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: Madeleine Matkivich Date Daytime Phone #