


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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

07 JUN 13 AM 8:05

Principal Place of Business 4112 SHELLEY RD NO. WEST PALM BEACH, FL 33407 US	Mailing Address 4112 SHELLEY RD NO. WEST PALM BEACH, FL 33407 US
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10010304235 STATE
05/22/07--010544-007E, **122050

08-11-06 90003 004 \$61.25



03212007 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box # 4 Dorchester A Suite, Apt. #, etc.	3. Mailing Address 2400 Centrepark W. Dr. Suite, Apt. #, etc. 175
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City & State West Palm Beach FL	City & State West Palm Beach FL	4. FEI Number 59-1648391	Applied For <input type="checkbox"/> Not Applicable
Zip 33417 Country Palm Beach	Zip 33417 Country Palm Beach	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MATKIVICH, MADELINE 4112 SHELLEY RD NO. WEST PALM BEACH, FL 33407 <i>Delete</i>	7. Name and Address of New Registered Agent Name Jim Dunne Street Address (P.O. Box Number is Not Acceptable) 4 Dorchester A City West Palm Beach FL Zip Code 33417
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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 *James R. Dunne* **Jim Dunne** X **6/8/2007**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	P MATKIVICH, MADELINE 4112 SHELLEY RD NO. WEST PALM BEACH, FL 33407 <i>Delete</i>
NAME	V COHEN, MEYER DORCHESTER A 16 WPB, FL 33417 <i>Delete</i>
STREET ADDRESS	ST MATKIVICH, MADELINE DORCHESTER A8 WEST PALM BEACH, FL 33417 <i>Delete</i>
CITY-ST-ZIP	D AMTER, VICKIE DORCHESTER A11 WPB, FL 33417 <i>Delete</i>
CITY-ST-ZIP	MGRM VELDHUIZEN, LUZ DORCHESTER A5 WEST PALM BEACH, FL 33417 <i>Delete</i>
CITY-ST-ZIP	D SPELLMAN, ETHEL DORCHESTER A20 WEST PALM BEACH, FL 33417 <i>Delete</i>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P DUNNE, JAMES R 4 Dorchester A. WPB FL. 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V KAY CARDINAL 7 DORCHESTER A WPB FL. 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	S MARIE CLARE JASSIN-AWARD 9 DORCHESTER A WPB FL. 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	T JFK QUELINS STADISA 6 DORCHESTER A WPB FL. 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	OFFICER MARIE CANNWELL 18 DORCHESTER A WPB FL. 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	100104750431 06/22/07--01050--003 **113.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *James R. Dunne* **Jim Dunne** X **6/8/2007** **561-714-7067**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #