

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 742760 1. Entity Name DORCHESTER B CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 24 DORCHESTER B 24 WEST PALM BEACH, FL 33417 US			Mailing Address SEACREST SERVICES, INC. 2400 CENTRE PARK W. DRIVE, #175 WEST PALM BEACH, FL 33409 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. Fil. Number 59-1648418	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BREWSTER, CALEB 24 DORCHESTER B WEST PALM BEACH, FL 33417				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE <small>Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)</small>				DATE	
Filing Fee is \$61.25 Due by May 1, 2006			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 NAME STREET ADDRESS CITY - ST - ZIP	PD BREWSTER, CALEB 24 DORCHESTER B W. PALM BEACH, FL 33417			TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000424474 02/18/06-80050-019 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BONNER, CAROL 23 DORCHESTER B WEST PALM BEACH, FL 33417			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LOTUFF, SALIM 40 DORCHESTER B WEST PALM BEACH, FL 33417			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HELLER, DOLORES 33 DORCHESTER B WEST PALM BEACH, FL 33417			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LOTUFF, JOAN 40 DORCHESTER B WEST PALM BEACH, FL 33417			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: <u>Caleb Brewster</u> CALEB BREWSTER				Date: <u>2-3-06</u> (561) 686-1635	