

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90005 013 \*\*\*\*61.25

**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**

**40043064**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1648418**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BREWSTER, CALEB**  
**24 DORCHESTER B**  
**WEST PALM BEACH, FL 33417**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

*Caleb Brewster*

*3-26-07*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
BREWSTER, CALEB  
24 DORCHESTER B  
W. PALM BEACH, FL 33417 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
BONNER, CAROL  
23 DORCHESTER B  
WEST PALM BEACH, FL 33417 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
LOTUFF, SALIM  
40 DORCHESTER B  
WEST PALM BEACH, FL 33417 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
George DeMott  
37 Dorchester B  
West Palm Beach, FL 33417 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
HELLER, DOLORES  
33 DORCHESTER B  
WEST PALM BEACH, FL 33417 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
LOTUFF, JOAN  
40 DORCHESTER B  
WEST PALM BEACH, FL 33417 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Cheryl Kirkland  
29 Dorchester B  
West Palm Beach, FL 33417 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Caleb Brewster* CALEB BREWSTER

*3-26-07 (561)686-1635*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #