

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 749860

1. Entity Name
THE DORY TOWNHOUSE CONDOMINIUMS, INC.



Principal Place of Business
**13587 PERDIDO KEY DR
PENSACOLA, FL 32507**

Mailing Address
**13587 PERDIDO KEY DR
PENSACOLA, FL 32507**

DO NOT WRITE IN THIS SPACE



03022006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2987431

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STOPP, MARGARET T ESQ
220 W. GARDEN ST.
9TH FLOOR
PENSACOLA, FL 32507**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when re/instating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NORTON, WILLIAM
STREET ADDRESS PO BOX 9
CITY-ST-ZIP GREAT VALLEY, NY 14741

TITLE TD
NAME CROSS, WANDA
STREET ADDRESS 13587 PERDIDO KEY DR
CITY-ST-ZIP PENSACOLA, FL 32507

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000000513960
04/29/06-80151-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #