


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 749860 1. Entity Name THE DORY TOWNHOUSE CONDOMINIUMS, INC.	
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Principal Place of Business 13587 PERDIDO KEY DR PENSACOLA, FL 32507	Mailing Address 13587 PERDIDO KEY DR PENSACOLA, FL 32507
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2987431	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NORTON, WILLIAM PO BOX 9 GREAT VALLEY, NY 14741
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CROSS, WANDA 13587 PERDIDO KEY DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/11/07-80019-012 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	1-8-07 (850) 549-2100 Date Daytime Phone #
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