

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757119

FILED
Apr 14, 2009
Secretary of State

Entity Name: DOGWOOD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

235 NE 6TH AVE
D
DELRAY BEACH, FL 33483 US

Current Mailing Address:

817 GEORGE BUSH BLVD
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

817 GEORGE BUSH BLVD
C/O GALLUP ACCOUNTING
DELRAY BEACH, FL 33483 US

New Mailing Address:

817 GEORGE BUSH BLVD
C/O GALLUP ACCOUNTING
DELRAY BEACH, FL 33483 US

FEI Number: 59-2173416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUGH, DAVID
235 NE 6TH AVE
D
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

PUGH, DAVID
817 GEORGE BUSH BLVD
DELRAY BEACH, FL 33483 US

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.

SIGNATURE:

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KANIUKA, LEE
Address: 5340 LAS VERDES CR #103
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: LAVINE, EVELYN
Address: 5340 LAS VERDES CIR 203
City-St-Zip: DELRAY, FL 33484

Title: TD () Delete
Name: TONISSON, LAURA
Address: 5340 LAS VERDES CR #213
City-St-Zip: DELRAY BEACH, FL 33484

Title: VPD () Delete
Name: MOCERI, VITO
Address: 5340 LAS VERDES CR #211
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOCERI, VITO
Address: 5340 LAS VERDES CR #211
City-St-Zip: DELRAY BEACH, FL 33484

Title: S (X) Change () Addition
Name: LAVINE, EVELYN
Address: 5340 LAS VERDES CIR 203
City-St-Zip: DELRAY, FL 33484

Title: TD (X) Change () Addition
Name: SCHARF, RHODA
Address: 5340 LAS VERDES CR #315
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP (X) Change () Addition
Name: GIOVANNI, CAROLYN
Address: 5340 LAS VERDES CR #111
City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VITO MOCERI

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date