2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2012
Secretary of State

DOCUMENT# 757119

Entity Name: DOGWOOD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

210 N.E. 6TH AVE., STE 101
C/O WILLIAM M. MORSE
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

210 N.E. 6TH AVE., STE 101
C/O WILLIAM M. MORSE
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 59-2173416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORSE, WILLIAM M
210 NE 6TH AVE., STE 101
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: MORCERI, VITO
Address: 5340 LAS VERDES CR #211
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: S
Name: WANGER, ZELDA
Address: 5340 LAS VERDES CIR 214
City-St-Zip: DELRAY, FL 33484 US

Title: TD
Name: SCHARF, RHODA
Address: 5340 LAS VERDES CR #315
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: VP
Name: GIOVANNI, CAROLYN
Address: 5340 LAS VERDES CR #111
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: D
Name: IANNONE, PETER
Address: 5340 LAS VERDES CR #303
City-St-Zip: DELRAY BEACH, FL 33484 US

I hereby 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 all other like empowered.

SIGNATURE: VITO MORCERI P 04/21/2012

Electronic Signature of Signing Officer or Director Date