

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 03, 2010
Secretary of State

DOCUMENT# 765114

Entity Name: DOTTOR CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**129 S. GOLFVIEW RD
#7
LAKE WORTH, FL 33460**New Principal Place of Business:**129 S. GOLFVIEW RD
#10
LAKE WORTH, FL 33460**Current Mailing Address:**PO BOX 1029
LAKE WORTH, FL 33460**New Mailing Address:**129 S. GOLFVIEW RD
#10
LAKE WORTH, FL 33460**FEI Number:** 59-2266541**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NAROWSKI, RICHARD E
129 S. GOLFVIEW RD
#7
LAKE WORTH, FL 33460 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: PRES
Name: NAROWSKI, RICHARD
Address: 129 S. GOLFVIEW RD #7
City-St-Zip: LAKE WORTH, FL 33460

Title: VP
Name: ROYCE, CHARLES A
Address: 129 S. GOLFVIEW RD #3
City-St-Zip: LAKE WORTH, FL 33460

Title: TRES
Name: BOSCO, ANTONINO
Address: 129 S GOLF VIEW RD #2
City-St-Zip: LAKE WORTH, FL 33460

Title: SEC
Name: KAISER, ART
Address: 129 S GOLF VIEW RD #5
City-St-Zip: LAKE WORTH, FL 33460

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: RICHARD E NAROWSKI

PRES

09/03/2010

Electronic Signature of Signing Officer or Director

Date