

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90164 029 ****61.25

DOCUMENT # N00431 1. Entity Name DORCHESTER C OF KINGS POINT COMDOMINIUM ASSOCIATION, INC.					
Principal Place of Business STERLING MANAGEMENT 1701-B RICKENBACKER DR SUN CITY CENTER FL 33573			Mailing Address STERLING MANAGEMENT 1701-B RICKENBACKER DR SUN CITY CENTER FL 33573		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2155809 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<div style="text-align: right; font-size: 1.2em; font-weight: bold;">50047322</div>  <div style="text-align: right; font-size: 0.8em;">1st MOORE CR2E037 (10/04)</div>	
6. Name and Address of Current Registered Agent DE FURIO, JAME R ESQ 101 E KENNEDY BLVD STE 3000 TAMPA FL 33602				7. Name and Address of New Registered Agent Law Offices of James R. De Furio, P.A. 201 East Kennedy Boulevard Suite 1460 Tampa, Florida 33602	
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 		DATE 4-12-05			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEARTH, DORIS <input type="checkbox"/> Delete 401 DORCHESTER PLACE C-70 SUN CITY CENTER FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Hinssen, Jerry <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 401 Dorchester Pl. C-60 Sun City Center, FL 33573	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOSONAC, NICK <input checked="" type="checkbox"/> Delete 401 DORCHESTER PLACE C-63 SUN CITY CENTER FL 33573		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUCHALSKI, ED <input type="checkbox"/> Delete 401 DORCHESTER PLACE C-65 SUN CITY CTR, FL 00000		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMILTON, MARGE <input type="checkbox"/> Delete 401 DORCHESTER PLACE C-52 SUN CITY CENTER FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLEA, EILEEN <input type="checkbox"/> Delete 401 DORCHESTER PLACE C-52 SUN CITY CENTER FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			DATE: 4/19/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # 813 642 9389		