


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90154 012 \*\*\*\*61.25

**DOCUMENT # N04000005514**

1. Entity Name  
**THE DORILTON CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**960-41 STREET**  
**SUITE 206**  
**MIAMI, FL 33140**

Mailing Address  
**960-41 STREET**  
**SUITE 206**  
**MIAMI, FL 33140**

**00009165**

2. Principal Place of Business  
**1435 WEST AVENUE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1435 WEST AVENUE**  
 Suite, Apt. #, etc.



03142006 Chg-NP CR2E037 (11/05)

City & State  
**MIAMI BEACH, FL**

City & State  
**MIAMI BEACH, FL**

Zip  
**33139**

Country

4. FEI Number  
**APPLIED FOR 201799097**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**WASSERMAN, MARTIN**  
**960-41 STREET**  
**SUITE 206**  
**MIAMI, FL 33140**

7. Name and Address of New Registered Agent  
 Name  
**MOORE, GERALD W**  
 Street Address (P.O. Box Number is Not Acceptable)  
**333 NE 23RD STREET**  
 City  
**MIAMI** FL Zip Code  
**33137**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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  **29 MAR 06**  
(NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DISSTON, SARA 1435 WEST AVE., #3 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FONS, ADAM 1435 WEST AVE., #2 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIMON, BRANDON 1435 WEST AVENUE #1 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILSON, JACQUE 1435 WEST AVENUE, #4 MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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

**3128106 305-975-4948**  
Date Daytime Phone #