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Mar 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09610 (9)

1. Corporation Name

DORCHESTER, ROXBURY, MATTAPAN ASSOCIATION INC. O
F FLORIDA

Principal Place of Business

1347D HIGH POINT WAY
DELRAY BCH. FL 33445

Mailing Address

1347D HIGH POINT WAY
DELRAY BCH. FL 33445



3. Date Incorporated or Qualified
06/04/1985

3a. Date of Last Report
02/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

23-7168837

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WIENER, DAVID
1347D HIGH POINT WAY
DELRAY BCH. FL 33445

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME PHILLIP BRISS
STREET ADDRESS 251 174TH STREET
CITY-ST-ZIP NORTH MIAMI BE ☐ DELETE

TITLE VP
NAME FELDBERG, EDWARD
STREET ADDRESS 10678 OCEAN PALM WAY
CITY-ST-ZIP BOYNTON BEACH FL ☐ DELETE

TITLE T
NAME BLANK, MILTON
STREET ADDRESS 1355 N.W. 21ST TERRACE
CITY-ST-ZIP DELRAY BEACH FL ☒ DELETE

TITLE P
NAME SLAVET, SID
STREET ADDRESS 2815 SW 13 ST
CITY-ST-ZIP DELRAY BCH. FL ☐ DELETE

TITLE D
NAME DAVID E. WIENER
STREET ADDRESS 13470 HIGH POINT WAY
CITY-ST-ZIP DELRAY BEACH FL ☐ DELETE

TITLE D
NAME COHEN, DAVID
STREET ADDRESS 13779C VIA AURORA
CITY-ST-ZIP DELRAY BEACH FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

*Thomas
Arthur S. Goodhart
5918A Winter Lake Lane
Boynton Beach, Florida 33437*

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Arthur S. Goodhart, Treasurer
A. S. GOODHART, TREASURER

2/1/97

561-734-3910

CR2E037 (9/96)