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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09610

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/04/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
23-7168837

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 33484

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

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Director
1.3 STREET ADDRESS Mimi Weiner
1.4 CITY-ST-ZIP 1347D High Point Way
Delray Beach, Florida

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

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Director
2.3 STREET ADDRESS Dorothy Leve
2.4 CITY-ST-ZIP 20860 Wendell Terrace
Boca Raton, Florida

TITLE ☐ DELETE
NAME T
STREET ADDRESS GOLDBERG, ANTHON
CITY-ST-ZIP 5918A WINTER FAKE LN
BOYNTON BEACH FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME V.P.
3.3 STREET ADDRESS Mike Rosenfield
3.4 CITY-ST-ZIP 6260 Stanley Lane
Delray Beach, Florida

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

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Director
4.3 STREET ADDRESS George Dwyer
4.4 CITY-ST-ZIP 3008 East 1st Ave
Boca Raton, Florida

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

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Director
5.3 STREET ADDRESS Mark Kapsch
5.4 CITY-ST-ZIP 7849 Lexington Club Blvd
DelRay Florida

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

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Director
6.3 STREET ADDRESS Edith Leve
6.4 CITY-ST-ZIP 20860 Wendell Terrace
Boca Raton, Florida

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

560-734-3910

Date

Daytime Phone #

CR2EC37 (11/98)