

DOCUMENT # N09610

1. Entity Name

DORCHESTER, ROXBURY, MATTAPAN ASSOCIATION INC. O

FILED

00 FEB 25 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
603979

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1347D HIGH POINT WAY DELRAY BCH. FL 33445		Mailing Address 1347D HIGH POINT WAY DELRAY BCH. FL 33445-1508		4. FEI Number 23-7168837		Applied For Not Applicable	
2. Principal Place of Business		3. Mailing Address		5. Certificate of Status Desired ☐		\$8.75-Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent WIENER, DAVID 1347D HIGH POINT WAY DELRAY BCH. FL 33484		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

SIGNATURE David E. Wiener David E. Wiener Jan. 11, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIP BRISS 251 174TH STREET NORTH MIAMI BE <i>Director</i> <i>Post President</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Philip ZaGron 2734 Casa Way Delroy Beach FL 33445 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FELDBERG, EDWARD 10878 OCEAN PALM WAY BOYNTON BEACH FL <i>President</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Henry Stone 3800 Oaks Clubhouse Dr. Pompano Beach, FL 33069 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOLDBERG, ANTHONY 5918A WINTER FAKE LN BOYNTON BEACH FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAVET, SID 2815 SW 13 ST DELRAY BCH. FL <i>Director</i> <i>Post President</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID E. WIENER 1347D HIGH POINT WAY DELRAY BEACH FL <i>Director</i> <i>Past President</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, DAVID 1379C VIA AURORA DELRAY BEACH FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: David E. Wiener Jan 11, 2000 561-498-8025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #