

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13697

FILED
Apr 28, 2009
Secretary of State

Entity Name: DORSET CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1050 9TH ST. S. #101
100
NAPLES, FL 34102 US

New Principal Place of Business:

1050 9TH ST. S.
NAPLES, FL 34102 US

Current Mailing Address:

% FINANCIAL MANAGEMENT SERVICES
P.O. BOX 11496
NAPLES, FL 341011496 US

New Mailing Address:

FEI Number: 59-2774016 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DORSET CLUB
C/O FINANCIAL MGMT SVCS
1250 9TH ST N #307
NAPLES, FL 34101 US

Name and Address of New Registered Agent:

FINANCIAL MANAGEMENT SERVICES
1250 9TH STREET NORTH
307
NAPLES, FL 34101 US

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: DAWN MCCULLOUGH

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: LITWINKA, BARBARA
Address: 1050 9TH ST, # 103
City-St-Zip: NAPLES, FL 34102

Title: PD () Delete
Name: SAUNDERS, NANCY
Address: 1050 9TH ST S. #201
City-St-Zip: NAPLES, FL 34102

Title: SD () Delete
Name: JOHNSON, SUZETTE
Address: 1050 9TH ST SOUTH, UNIT 202
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: JOHNSON, SUZETTE
Address: 1050 9TH ST S. #202
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN MCCULLOUGH

ACCT

04/28/2009

Electronic Signature of Signing Officer or Director

Date