

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N35809 (5)**  
1. Corporation Name  
**DORCHESTER J CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**C/O BETTY MALLACH**  
**213 DORCHESTER J**  
**W. PALM BEACH FL 33417**

3. Date Incorporated or Qualified **12/27/1989** 3a. Date of Last Report **04/18/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b>	<b>26</b>	<b>59-1651363</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>22</b>	<b>27</b>	<input type="checkbox"/>	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
<b>23</b>	<b>28</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	<b>24</b>	<b>25</b>
<b>29</b>	<b>30</b>		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MALLACH, BETTY</b> <b>213 DORCHESTER J</b> <b>W PALM BCH FL 33417</b>		<b>81</b> Name <b>Ruth Stanchi</b>	
		<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>Dorchester J 234</b>	
		<b>83</b>	
		<b>84</b> City <b>W.Palm Beach Fl.</b>	<b>85</b> Zip Code <b>FL 33417</b>

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 Ruth Stanchi Pres DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERBACH, BERNARD</b>	1.2 NAME	
STREET ADDRESS	<b>DORCHESTER 227</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, ETHEL</b>	2.2 NAME	
STREET ADDRESS	<b>DORCHESTER J 214</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>CO Pres</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALFONSO, DOMINICK</b>	3.2 NAME	<b>Alfonso, Dominick</b>
STREET ADDRESS	<b>DORCHESTER J 216</b>	3.3 STREET ADDRESS	<b>Dorchester J 216</b>
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	3.4 CITY-ST-ZIP	<b>West Palm Beach, FL</b>
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>Pres</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALLACH, BETTY</b>	4.2 NAME	<b>Ruth Stanchi</b>
STREET ADDRESS	<b>213 DORCHESTER J</b>	4.3 STREET ADDRESS	<b>234 Dorchester J</b>
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	4.4 CITY-ST-ZIP	<b>W Palm Beach, FL</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>VP Cathleen Bugemi</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>217 Dorchester J</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>W Palm Beach, FL</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>20000175668</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>-03/26/96--01014--002</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>***122.50</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Ruth Stanchi Ruth Stanchi 2/26/96 1-86-4172  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)