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**Jan 29 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35809 (5)
 1. Corporation Name
DORCHESTER J CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business % RUTH STANCILL 234 DORCHESTER J W. PALM BEACH FL 33417 US	Mailing Address % RUTH STANCILL 234 DORCHESTER J W. PALM BEACH FL 33417 US
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3. Date Incorporated or Qualified 12/27/1989	
4. FEI Number 59-1651363	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

9. Name and Address of Current Registered Agent	
STANCHI, RUTH DORCHESTER J 234 W PALM BCH FL 33417	

10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	HERBACH, BERNARD
STREET ADDRESS	DORCHESTER 227
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	MILLER, ETHEL
STREET ADDRESS	DORCHESTER J 214
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	COP <input type="checkbox"/> DELETE
NAME	ALFONSO, DOMINICK
STREET ADDRESS	DORCHESTER J 216
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	STANCHI, RUTH
STREET ADDRESS	234 DORCHESTER J
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	BUSCEMI, CATHLEEN
STREET ADDRESS	217 DORCHESTER J
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CUPPOLO, JOSEPH
STREET ADDRESS	219 DORCHESTER J
CITY-ST-ZIP	WEST PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KATHLEEN BUSCEMI
1.3 STREET ADDRESS	DORCHESTER J - 217
1.4 CITY-ST-ZIP	W. PALM BEACH, FL. 33417
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VICE PRES
2.3 STREET ADDRESS	CUPPOLO, JOSEPH
2.4 CITY-ST-ZIP	219 DORCHESTER J W. PALM BEACH, FL. 33417
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DIRECTOR
3.3 STREET ADDRESS	ALFONSO, DOMINICK
3.4 CITY-ST-ZIP	216 DORCHESTER J W. PALM BEACH, FL. 33417
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SECY - D.
4.3 STREET ADDRESS	STANCHI - RUTH
4.4 CITY-ST-ZIP	234 DORCHESTER J W. PALM BEACH, FL. 33417
5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TREAS - D.
5.3 STREET ADDRESS	ALFONSO, BERNARDA
5.4 CITY-ST-ZIP	216 DORCHESTER J W. PALM BEACH, FL.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 **SIGNATURE REQUIRED** Jan. 9, 1998 (561) 686-4172

CR2E037 (10/97)