

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90131 045 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **N 35 8090K (5)**

1. Corporation Name  
**DORCHESTER J CONDOMINIUM ASSOC. INC.**

Principal Place of Business Mailing Address  
**c/o GEORGE LEMERISE c/o GEORGE LEMERISE**  
**220 DORCHESTER J 220 DORCHESTER J**  
**W. PALM BEACH FL. 33417 W. PALM BEACH FL. 33417**

21	2a	3	4	5	6
<b>c/o GEORGE LEMERISE</b>	<b>c/o GEORGE LEMERISE</b>	<b>12-27-89</b>	<b>59-1651363</b>	<input type="checkbox"/>	<input type="checkbox"/>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For	Not Applicable	<b>\$8.75</b> Additional Fee Required	<b>\$5.00</b> May Be Added to Fees
<b>220 DORCHESTER J</b>	<b>220 DORCHESTER J</b>				
City & State	City & State				
<b>W. PALM BEACH, FL.</b>	<b>W. PALM BEACH, FL.</b>				
Zip	Zip				
<b>33417</b>	<b>33417</b>				
County	County				
<b>Palm Beach</b>	<b>Palm Beach</b>				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name	<b>GEORGE LEMERISE</b>
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>220 DORCHESTER J</b>
		83	<b>CENTURY VILLAGE</b>
		84 City	<b>W. PALM BEACH FL</b>
		85 Zip Code	<b>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: George Lemerise DATE: **4-15-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>BOARD MEMBER</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUTH STANCHI</b>	1.2 NAME	<b>GEORGE LEMERISE</b>
STREET ADDRESS	<b>234 DORCHESTER J</b>	1.3 STREET ADDRESS	<b>220 DORCHESTER J</b>
CITY-ST-ZIP	<b>W. PALM BEACH, FL. 33417</b>	1.4 CITY-ST-ZIP	<b>W. PALM BEACH FL, 33417</b>
TITLE	<b>BOARD MEMBER</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>LO-PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YETTA SCHNEIDER</b>	2.2 NAME	<b>TUESPIT COPPOLA</b>
STREET ADDRESS	<b>215 DORCHESTER J</b>	2.3 STREET ADDRESS	<b>219 DORCHESTER J</b>
CITY-ST-ZIP	<b>W. PALM BEACH FL 33417</b>	2.4 CITY-ST-ZIP	<b>W. PALM BEACH FL. 33417</b>
TITLE	<b>BOARD MEMBER</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>VICEPRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAM PACHADA</b>	3.2 NAME	<b>CATHLEEN BUSCEMI</b>
STREET ADDRESS	<b>204 DORCHESTER J</b>	3.3 STREET ADDRESS	<b>217 DORCHESTER J</b>
CITY-ST-ZIP	<b>W. PALM BEACH, FL. 33417</b>	3.4 CITY-ST-ZIP	<b>W. PALM BEACH, FL 33417</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>JANE LEMERISE</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>220 DORCHESTER J</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>W. PALM BEACH FL. 33417</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>TREASURER</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>BERNARD ALFONSO</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>216 DORCHESTER J</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>W. PALM BEACH, FL. 33417</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>BOARD MEMBER</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>ETHEL MILLER</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>214 DORCHESTER J</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>W. PALM BEACH, FL 33417</b>

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: George Lemerise DATE: **4-15-99** (561)686-2046

CR2E037 (11/98)