

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90135 021 \*\*\*\*61.25

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**DOCUMENT # N35809**

1. Entity Name

**DORCHESTER J CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O GEORGE LEMERSE  
 220 DORCHESTER J  
 W. PALM BEACH FL 33417  
 US

C/O GEORGE LEMERSE  
 220 DORCHESTER J  
 W. PALM BEACH FL 33417  
 US

80001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1651363**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEMERISE, GEORGE  
 220 DORCHESTER J  
 CENTURY VILLAGE  
 WPB FL 33417

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEMERISE, GEORGE	
STREET ADDRESS	220 DORCHESTER J	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	COPPOLA, JOSEPH	
STREET ADDRESS	219 DORCHESTER J	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALFONSO, DOMINICK	
STREET ADDRESS	216 DORCHESTER J	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANCHI, RUTH	
STREET ADDRESS	234 DORCHESTER J	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARRIERE, BRUNO	
STREET ADDRESS	227 DORCHESTER J	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAPPOLA, MARY	
STREET ADDRESS	219 DORCHESTER J	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANE SEARS	
STREET ADDRESS	233 DORCHESTER J	
CITY-ST-ZIP	W.P.B., FL., 33417	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELENE LAMBERTSON	
STREET ADDRESS	203 DORCHESTER J	
CITY-ST-ZIP	W.P.B., FL., 33417	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANE LEMERISE	
STREET ADDRESS	220 DORCHESTER J	
CITY-ST-ZIP	W.P.B., FL., 33417	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINCENT MARTINELLI	
STREET ADDRESS	228 DORCHESTER J	
CITY-ST-ZIP	W.P.B., FL., 33417	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK DIMA	
STREET ADDRESS	213 DORCHESTER J	
CITY-ST-ZIP	W.P.B., FL., 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *George Lemerise* P **1-8-02 (561) 686-2046**

CR2E037 (9/01)