

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 # **727199** (2)
1. Corporation Name
DORSET HOUSE ASSOCIATION INC



Principal Place of Business: **2500 N.E. 135TH ST. NORTH MIAMI FL 33181**
Mailing Address: **2500 N.E. 135TH ST. NORTH MIAMI FL 33181**

3. Date Incorporated or Qualified: **08/15/1973**
3a. Date of Last Report: **12/26/1995**
4. FEI Number: **59-1485410**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLLAND, FRANK
11601 BISCAYNE BOULEVARD #301
NORTH MIAMI FL 33181

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HENDLER, HERBERT	
STREET ADDRESS	2500 N.E. 135TH STREET, APT. 501	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	1VPD	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, AURELIO	
STREET ADDRESS	2500 NE 135TH STREET, APT. PH-5	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	2VP	<input type="checkbox"/> DELETE
NAME	FRIEDLANDER, CHARLES	
STREET ADDRESS	2500 NE 135TH STREET, APT. 1211	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHAUMBERG, SHELDON	
STREET ADDRESS	2500 NE 135TH STREET, APT. 410	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GERBER, MILTON	
STREET ADDRESS	2500 N.E. 135TH STREET, APT. 602	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Herbert Hendler* **HERBERT HENDLER (PRES.)** 1/7/96 (305) 945-1379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)