

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33181-3591
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/15/1973	3a. Date of Last Report 02/14/1996
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number 59-1485410	Applied For <input type="checkbox"/> Not Applicable
25 Suite, Apt. #, etc.	26 City & State	27 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29 Suite, Apt. #, etc.	30 City & State	31 Zip	32 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	2VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDLER, HERBERT		1.2 NAME	EMILY ROMANIK	
STREET ADDRESS	2500 N.E. 135TH STREET, APT. 501		1.3 STREET ADDRESS	2500 NE 135TH ST APT 509	
CITY-ST-ZIP	NORTH MIAMI FL 33181		1.4 CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	1VPD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, AURELIO		2.2 NAME		
STREET ADDRESS	2500 NE 135TH STREET, APT. PH-5		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL 33181		2.4 CITY-ST-ZIP		
TITLE	2VP	<input type="checkbox"/> DELETE	3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDLANDER, CHARLES		3.2 NAME		
STREET ADDRESS	2500 NE 135TH STREET, APT. 1211		3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL 33181		3.4 CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAUMBERG, SHELDON		4.2 NAME	ANDREW LEWIS	
STREET ADDRESS	2500 NE 135TH STREET, APT. 410		4.3 STREET ADDRESS	2500 NE 135TH ST APT 401	
CITY-ST-ZIP	NORTH MIAMI FL 33181		4.4 CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERBER, MILTON		5.2 NAME	GUARD, MICHAEL	
STREET ADDRESS	2500 N.E. 135TH STREET, APT. 602		5.3 STREET ADDRESS	2500 NE 135TH ST APT 1111	
CITY-ST-ZIP	NORTH MIAMI FL 33181		5.4 CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *Andrew Lewis* **305**
 Andrew Lewis / 907-3186

CP2E037 (9/96)