FILE NOW: FILING FEE IS \$61.25

* NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENI DE PLATE

Secretary of DIVISION OF COR

POCUMENT #Corporation Name

(2)

DORSET HOUSE ASSOCIATION INC

| Principal Place of Business Mailir | | | iling Address | | | | t contre touth closes that a said that and a said that and a state around around that contre |
|--|--|-------------|---|----------------------|-------|-----------------|--|
| | | | 2500 N.E. 135TH ST. NORTH MIAMI FL 33181 | | | | 3. Date incorporated or Qualified |
| | | | | | | | 08/15/1973 |
| : | | | | | | | 4. FEI Number Applied For |
| | | | | | | | 59-1485410 Not Applicable |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | 5. Certificate of Status Desired \$8.75 Additional |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | Fee Required 6. Election Campaign Financing \$5.00 May Be |
| 22 | | | 7] | | | | Trust Fund Contribution Added to Fees |
| City & State | | | City & State | | | | 7. Is this nonprofit corporation a homeowners association? |
| 23 | | | 28 | | | | Yes No |
| Zip | Country | | _ Zip Cou | | try | | 8. This corporation owes or has paid the current year Intangible |
| 24 | 9. Name and Address of Curre | 29] | ered Ament | 30 | | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent |
| | F. Name and Address of Colle | iir nağısı | eled Whelir | | 31 | Name | IV. Halle and Addiess of New Hagistered Agent |
| 1 1001.44 | ID FDANK | | | | | | |
| WOLLAND, FRANK 11601 BISCAYNE BOULEVARD #301 | | | | | 32 | Street A | ddress (P.O. Box Number is Not Acceptable) |
| NORTH MIAMI FL 33181 | | | | ₹ | 3 | | |
| 1,511111 | | | | - | 4 | City | 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 | | | | | | | |
| 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 applications of, Section 617.0503, Florida Statutes. | | | | | | | |
| SIGNATURE . | Under M. Th | \triangle | nourm M | | | i)ce | TorkAsunia 3-29-98 |
| 12. | Signature, typed or printed name of registered ap OFFICERS AN | | | 13. | Ager | nt signature re | adulted when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | VP | | DELETE | 1.1 TITL | Ę | | Change Addition |
| NAME | ROMANLK, EMILY | | • | 1.2 NAM | ŧE. | | RUMANIC KMILY 2500 NE 135TH STAKET #509 |
| STREET ADDRESS | 2500 NE 13TH STREET, #50 | 9 | | 1.3 STR | EET . | ADDRESS | |
| CITY-\$1-ZIP | NORTH MIAMI FL | | | 1.4 CITY | -51 | r-zip | MONTH MAMI PC |
| TITLE | - 1110 | | ☐ DELETE | 2.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | HERNANDEZ, AURELIO | | | 2.2 NAM | | | <u>(</u> |
| STREET ADDRESS | 2500 NE 135TH STREET, AP | T. PH-5 | | | | ADDRESS | · |
| CITY-ST-ZIP TITLE | NORTH MIAMI FL 33181 | | DELETE | 2. 4 CIT 3.1 TITL | | T-ZIP | ☐ Change ☐ Addition |
| NAME | PD CHADLES | | ESI OCCCIC | 3.1 IIIL | | 1 | · Crange C Addition |
| STREET ADDRESS | FRIEDLANDER, CHARLES 2500 NE 135TH STREET. AP | T 1211 | | | | ADDRESS | |
| CITY-ST-ZIP | NORTH MIAMI FL | 1. 1211 | | 3.4. CIT | | - 1 | * |
| TITLE | 7 | | ☐ DELETE | 4.1 TITL | _ | | Change Addition |
| NAME | LEMKE, ANDREW | | | 4. 2 NA | νŧΕ | | |
| STREET ADDRESS | 2500 NE 135TH STREET, #4 | 01 | | 4.3 STR | EET | ADORESS | |
| CITY-ST-ZIP | NORTH MIAMI FL | •• | | 4.4 CITY | /-ST | T-ZIP | |
| TILE | S | | DELETE | 5.1 TITL | | | Addition Addition |
| NAME | GUARD, MICHAEL | | • | 5.2 NAM | Œ | ļ | CUANO, MICHARL 2 YOUND 12 YOUR ST 1111 |
| STREET ADDRESS | 2500 NE 135TH STREET, #1 | 111 | | 5.3 STR | EET . | ADDRESS | 2 SOU NE 13 STH ST 1111 |
| CITY-ST-ZIP | NORTH MIAMI FL | | | 5.4 CITY | /-\$1 | r-ZIP | 0 0 t = 00 Y |
| TITLE | The state of the s | | ☐ DELETE | 6.1 TITL | | | KATHERINE SINCLAIR T Change Addition |
| NAME | | | | 6.2 NAM | Œ | | 2,500 NE 135TH ST. 4210 |
| STREET ADDRESS | | | | 6.3 STR | EET | ADORESS | NUNTH MIAMI PC 33/80 |

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, of on an attachment with an address.

SIGNATURE:

FILED

Apr 14 1998 8:00am

Secretary of State