

2000 UNIFORM BUSINESS REPORT (UBR)

8/1/90-90217-012-\$61.25-\$61.25
 * 8/22/00-90236-001-\$61.25-\$61.25

DOCUMENT # 727199

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1485410

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Stephen J. Straley
 Street Address (P.O. Box Number is Not Acceptable): 3990 Sheridan St Suite 109
 City: Hollywood FL Zip Code: 33021

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

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

(NOTE: Registered Agent signature required when releasing)

DATE

Stephen J. Straley 9-11-00

FILE NOW: FEE IS \$61.25
 After September 13, 2000 min. will be \$236.25

8. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ROMANIK, EMILY	2500 NE 13TH STREET, #509	NORTH MIAMI FL	<input type="checkbox"/>
D	GUARD, MICHAEL	2500 NE 135TH ST, 111	NORTH MIAMI FL	<input checked="" type="checkbox"/>
T	LEMKE, ANDREW	2500 NE 135TH STREET, #401	NORTH MIAMI FL	<input checked="" type="checkbox"/>
T	SINCLAIR, KATHERINE	2500 NE 135TH ST, #210	N MIAMI FL 33181	<input checked="" type="checkbox"/>
TREASURER	HALPERN, KAREN	2500 NE 135 ST, #702	N. Miami, FL 33181	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PRES	ROMANIK, EMILY			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	HENDERSON, KENNETH V.	2500 N.E. 135TH ST. 1007	N. MIAMI FL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SECY	MYRA KAPLAN	2500 NE 135TH ST, 109	N. MIAMI, FL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
 00 SEP 27 PM 3:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)