## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#727199** 

FILED Jan 08, 2009 Secretary of State

Entity Name: DORSET HOUSE ASSOCIATION INC

Current Principal Place of Business:	New Principal Place of Business:
0500 N E 405TH 0T	

2500 N.E. 135TH ST. NORTH MIAMI, FL 33181

Current Mailing Address: New Mailing Address:

2500 N.E. 135TH ST. NORTH MIAMI, FL 33181

FEI Number: 59-1485410 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STRALEY & OTTO, P.A. 2699 STIRLING ROAD SUITE C-207

FT. LAUDERDALE, FL 33312 US

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:

Flateric Constant Devices Advantage

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VP ( ) Delete
 Title:
 S (X) Change ( ) Addition

 Name:
 DEL SOL, MARIA
 Name:
 DEL SOL, MARIA

 Address:
 2500 NE 135 ST
 Address:
 2500 NE 135 ST

 City-St-Zip:
 NORTH MIAMI, FL 33181
 City-St-Zip:
 NORTH MIAMI, FL 33181

Title: PT ( ) Delete Title: T (X) Change ( ) Addition Name: KREIMAN, KONSTANTIN Name: KREIMAN, KONSTANTIN

 Address:
 2500 NE 135 ST
 Address:
 2500 NE 135 ST

 City-St-Zip:
 MIAMI, FL 33181
 City-St-Zip:
 MIAMI, FL 33181

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 STOBS, ANN
 Name:

 Address:
 2500 NE 135 ST
 Address:

 City-St-Zip:
 MIAMI, FL 33181
 City-St-Zip:

Title: S ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 RIVERA, CARMEN
 Name:
 HALPERN, KAREN

 Address:
 2500 NE 135 ST
 Address:
 2500 NE 135 ST

 City-St-Zip:
 MIAMI, FL 33181
 City-St-Zip:
 MIAMI, FL 33181

Title: ( ) Delete Title: P ( ) Change (X) Addition

 Name:
 Name:
 GUARD, MIKE

 Address:
 Address:
 2500 NE 135 ST

 City-St-Zip:
 City-St-Zip:
 NORTH MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KOSTA KREIMAN T 01/08/2009