FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:04

DOCUMENT # 752767 (4)

1. Corporation Name

DORSEY - RIVER BEND HOME OWNERS ASSOCIATION IN C ORPORATED

Principal Place of Business	Mailing Address
1713 NW 5TH STREET C/O MARJORIE A. DAVIS FT LAUDERDALE FL 33311	1713 NW 5TH STREET C/O MARJORIE A. DAVIS FT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1980
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-2694155 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DAVIS, MARJORIE A.
1713 NW 5TH STREET
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13		
TITLE	PD	1.1 TITLE	2ND VD	☐ Change ☑ Addition
NAME	DAVIS, MARJORIE A	1.2 NAME	Simmons, Eloise	
STREET ADDRESS	1713 NW 5TH ST	1.3 STREET ADDRESS	434 N.W. 20TH AV	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	1.4 CITY-ST-ZIP	Ft. Lauderdale Fl	
TITLE	VD	2.1 TITLE	D	☐ Change ☑ Addition
NAME	JOHNSON, ARTIS	2.2 NAME	Wilkerson, Mildred	
STREET ADDRESS	523 N.W. 23RD AVE.	2.3 STREET ADDRESS	438 N.W. 20TH AV	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	2.4 CITY-ST-ZIP	Ft Lauderdale, Fl	
TITLE	FSD	3.1 TITLE	D	☐ Change ☑ Addition
NAME	HOLLOWAY, MARIE	3.2 NAME	Bradley, Carrie	
STREET ADDRESS	433 NW 17TH AVENUE	3.3 STREET ADDRESS	417 N.W. 12TH AV	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	3.4 CITY-ST-ZIP	Ft Lauderdale, Fl	
TITLE	RS	4.1 TITLE	D	☐ Change ☑ Addition
NAME	PHILLIPS, JUANITA	4.2 NAME	Elsie TWiggs	
STREET ADDRESS	435 NW 20TH AVE	4.3 STREET ADDRESS	529 N.W. 19TH AV	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	4.4 CITY-ST-ZIP	Ft Lauderdale	
TITLE	CS	5.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, THEORDORE	5.2 NAME		
STREET ADDRESS	444 NW 16TH AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, CHANNIE M.	6.2 NAME		
STREET ADDRESS	1444 N.W. 5 STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	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)(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: Marjorie A Davis Marjorie A. Davis 3-28-94 305 463-3872
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

004403