

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 752767 (4)

1. Corporation Name

DORSEY - RIVER BEND HOME OWNERS ASSOCIATION IN C  
ORPORATED



Principal Place of Business

1713 NW 5TH STREET  
C/O MARJORIE A. DAVIS  
FT LAUDERDALE FL 33311

Mailing Address

1713 NW 5TH STREET  
C/O MARJORIE A. DAVIS  
FT LAUDERDALE FL 33311

3. Date Incorporated or Qualified

06/03/1980

3a. Date of Last Report

04/03/1995

4. FEI Number

59-2694155

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

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 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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD  
DAVIS, MARJORIE A  
1713 NW 5TH ST  
FT LAUDERDALE, FL 0

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VD  
JOHNSON, ARTIS  
523 N.W. 23RD AVE.  
FT LAUDERDALE, FL 0

☐ DELETE

TITLE

FSD

☐ DELETE

STREET ADDRESS  
CITY - ST - ZIP

HOLLOWAY, MARIE  
433 NW 17TH AVENUE  
FT LAUDERDALE, FL 0

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

RS  
PHILLIPS, JUANITA  
435 NW 20TH AVE  
FT LAUDERDALE, FL 0

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

CS  
WILLIAMS, THEODORE  
444 NW 18TH AVE.  
FT. LAUDERDALE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

T  
MOORE, CHANNIE M.  
1444 N.W. 5 STREET  
FT. LAUDERDALE FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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)(k), 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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (12/95)