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Feb 07 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

1713 NW 5TH STREET  
C/O MARJORIE A. DAVIS  
FT LAUDERDALE FL 333111713 NW 5TH STREET  
C/O MARJORIE A. DAVIS  
FT LAUDERDALE FL 33311-87263. Date Incorporated or Qualified  
06/03/19803a. Date of Last Report  
04/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-2694155Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 Marjorie A. Davis

Marjorie A. Davis

01-31-97

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

(NOTE: Registered agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME DAVIS, MARJORIE A  
STREET ADDRESS 1713 NW 5TH ST  
CITY-ST-ZIP FT LAUDERDALE, FL 01.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VD ☐ DELETE  
NAME JOHNSON, ARTIS  
STREET ADDRESS 523 N.W. 23RD AVE.  
CITY-ST-ZIP FT LAUDERDALE, FL 02.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE FSD ☐ DELETE  
NAME HOLLOWAY, MARIE  
STREET ADDRESS 433 NW 17TH AVENUE  
CITY-ST-ZIP FT LAUDERDALE, FL 03.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE RS ☐ DELETE  
NAME PHILLIPS, JUANITA  
STREET ADDRESS 435 NW 20TH AVE  
CITY-ST-ZIP FT LAUDERDALE, FL 04.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE CS ☒ DELETE  
NAME WILLIAMS, THEODORE  
STREET ADDRESS 444 NW 18TH AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL5.1 TITLE ESD ☒ Change ☐ Addition  
5.2 NAME ELOISE SIMMONS  
5.3 STREET ADDRESS 434 N.W. 20th Avenue  
5.4 CITY-ST-ZIP Ft. Lauderdale, FLTITLE T ☐ DELETE  
NAME MOORE, CHANNIE M.  
STREET ADDRESS 1444 N.W. 5 STREET  
CITY-ST-ZIP FT. LAUDERDALE FL6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marjorie A. Davis  
01-31-97  
(954) 463-3812

Date

Daytime Phone # 0034527

CR2E037 (9/96)