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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

06/03/1980

4. FEI Number

59-2694155

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIS, MARJORIE A	
STREET ADDRESS	1713 NW 5TH ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNSON, ARTIS	
STREET ADDRESS	523 N.W. 23RD AVE.	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	

TITLE	FSD	<input type="checkbox"/> DELETE
NAME	HOLLOWAY, MARIE	
STREET ADDRESS	433 NW 17TH AVENUE	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	

TITLE	RS	<input type="checkbox"/> DELETE
NAME	PHILLIPS, JUANITA	
STREET ADDRESS	435 NW 20TH AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	

TITLE	CSD	<input type="checkbox"/> DELETE
NAME	SIMMONS, ELOISE	
STREET ADDRESS	434 N.W. 20TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	MOORE, CHANNIE M.	
STREET ADDRESS	1444 N.W. 5 STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: Marjorie A. Davis Marjorie A. Davis Jan 30, 1998 (954) 463-3872

CR2E037 (10/97)