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Feb 18, 1999 8:00am  
Secretary of State

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 752767</b>					
1. Corporation Name <b>DORSEY - RIVER BEND HOME OWNERS ASSOCIATION IN C ORPORATED</b>					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/03/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2694155	
24 Country		29 Country		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	
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	DAVIS, MARJORIE A	1.2 NAME	
STREET ADDRESS	1713 NW 5TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	JOHNSON, ARTIS	2.2 NAME	
STREET ADDRESS	523 N.W. 23RD AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	2.4 CITY-ST-ZIP	
TITLE	FSD	3.1 TITLE	
NAME	HOLLOWAY, MARIE	3.2 NAME	
STREET ADDRESS	433 NW 17TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	3.4 CITY-ST-ZIP	
TITLE	RS	4.1 TITLE	
NAME	PHILLIPS, JUANITA	4.2 NAME	
STREET ADDRESS	435 NW 20TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	4.4 CITY-ST-ZIP	
TITLE	CSD	5.1 TITLE	
NAME	SIMMONS, ELOISE	5.2 NAME	
STREET ADDRESS	434 N.W. 20TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
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	

CR2E037 (11/98)

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, on an attachment with an address, with all other like empowered.

SIGNATURE: *Marjorie A. Davis* REQUIRED FOR: *Marjorie A. Davis* 02-02/99 (954) 463-3872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR