

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 752767

1. Entity Name
DORSEY - RIVER BEND HOME OWNERS ASSOCIATION
IN INCORPORATED



FILED

04 JUN 14 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
405 N.W. 17TH AVE
FT. LAUDERDALE, FL 33311



05062004 No Chg-NP CR2E037 (10/03) 04

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4. FEI Number
59-2694155
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREDERICK, DEBORAH B
405 N.W. 17TH AVENUE
FT LAUDERDALE, FL 33311

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREDERICK, DEBORAH B 405 N. W. 17TH AVENUE FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAILEY, ZACHARY 1424 N. W. 5TH STREET FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD HARRISON, MARIE H 433 NW 17TH AVENUE FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS SHIRLEY, JASMINE 1565 N.W. 4TH STREET FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD CAMPBELL, PATRICK 507 N.W. 14TH AVENUE FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, CHANNIE 1444 N.W. 5TH STREET FT. LAUDERDALE, FL 33311

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #