

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **725666** (2)
1. Corporation Name
DESOTO PARK CONDOMINIUM ASSOCIATION INC



Principal Place of Business Mailing Address
**751 THREE ISLANDS BLVD.
HALLANDALE FL 33009** **751 THREE ISLANDS BLVD.
HALLANDALE FL 33009**

3. Date Incorporated or Qualified **02/27/1973** 3a. Date of Last Report **04/12/1995**
4. FEI Number **59-155524** Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCAVO JOSEPH
2000 ATLANTIC SHORES BLVD
SUITE 214
HALLANDALE FL 33009**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	SCAVO, JOSEPH
STREET ADDRESS	751 THREE ISLANDS BLVD
CITY-ST-ZIP	HALLANDALE, FL 00000
TITLE	S <input type="checkbox"/> DELETE
NAME	MOSKOWITZ, ARNOLD
STREET ADDRESS	751 THREE ISLANDS BLVD
CITY-ST-ZIP	HALLANDALE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	LIVENSTON, BERNEICE
STREET ADDRESS	751 THREE ISLANDS BLVD
CITY-ST-ZIP	HALLANDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FINKELSTEIN, ANNE
STREET ADDRESS	751 THREE ISLANDS BLVD
CITY-ST-ZIP	HALLANDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PESEKOW, ISAAC
STREET ADDRESS	751 THREE ISLANDS BLVD.
CITY-ST-ZIP	HALLANDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	VAN TOSH, MORRIS
STREET ADDRESS	751 THREE ISLANDS BLVD.
CITY-ST-ZIP	HALLANDALE 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MOSKOWITZ, ARNOLD
2.3 STREET ADDRESS	751 THREE ISLANDS BLVD
2.4 CITY-ST-ZIP	HALLANDALE, FL - 33009
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 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: Joseph Scavo - Pres Date: 2/21/96 Daytime Phone #: 305-456-0609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)