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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 7

725666

(2)

ii Corporatio	ni Name	• •			
DESOT	O PARK CONDOMINIUM A	ASSOCIATION INC			
Principal Plac	o of Rucinese	Mailing Address	·· - .		
Thicipal Flac	o of Business	Middling Addiess			
751 THREE ISL		751 THREE ISLANDS BI			3. Date incorporated or Qualified
HALLANDALE F	1. 33009	HALLANDALE FL 33009			02/27/1973
					4. FEI Number Applied For
A S		100 11 11	- -		59-1555524 Not Applicable
	Place of Business	28. Mailing Address			5. Certificate of Status Desired S8.75 Additional
Suite, Apt.	# 010	26 Suite, Apt. #, etc.			Fee Required
22 Sune, Apr.	₩1 Φ IC.	27			8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & Stat	e	City & State			7. Is this nonprofit corporation a homeowners association?
23	-	28			Yes No
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
	_	· · · ·		81 Name	ne
SCAVO .	JOSEPH		ŀ	82 Street	et Address (P.O. Box Number is Not Acceptable)
2000 AT	LANTIC SHORES BLVD				
SUITE 2	14		ſ	83	
HALLANI	DALE FL 33009		<u> </u>	84 City	85 Zip Code
		·			!-L `
11. Pursuant office or r	to the provisions of Sections 617.05 realstered agent, or both, in the State	02 and 617.1508, Florida Sta e of Florida. Such change w	atutes, the ab as authorized	ove-named by the co	ed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent I a	im familiar with, and accept the oblig	gations of, Section 617.0503	, Florida Statu	utes.	, and a second s
SIGNATURE .					
12.	Signature, typed or printed name of registered as	VD DIRECTORS	NOTE: Hegistered	Agent signatur	ature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 T(T)	LE	Change Addition
NAME	SCAVO, JOSEPH		1.2 NA	ME	
STREET ADORESS	751 THREE ISLANDS BLVD		1,3 ST	REET ADDRESS	ss
CITY-ST-ZIP	HALLANDALE, FL 00000	,	1.4 CIT	TY-ST-ZIP	
TITLE	Ť	DELETE	2.1 111	·	Change Addition
NAME	MOSKOWITZ, ARNOLD	•	2.2 NAI	ME	TECCIE REPORTAL
STREET ADDRESS	751 THREE ISLANDS BLVD				Design of Ninga A. A
CITY-ST-ZIP	HALLANDALE FL		2.3 ST	REET ADDRESS	
TITLE	1 11 12 12 12 12 12 12 12 12 12 12 12 12			REET ADDRESS TY-ST-ZIP	SS 251 TREE TYLANDS BLVD
******	8	DELETE		TY-ST-ZIP	
NAME	S LIVENSTON, BERNEICE	DELETE	2. 4 CI	TY-ST-ZIP LE	HALLANDALE FL 33009
	S LIVENSTON, BERNEICE 751 THREE ISLANDS BLVD	DELETE	2. 4 CI 3.1 TITI 3.2 NA	TY-ST-ZIP LE	HALLANDALE FL 33009 Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	S LIVENSTON, BERNEICE 751 THREE ISLANDS BLVD HALLANDALE FL		2. 4 CT 3.1 TITI 3.2 NAI 3.3 STF 3.4. CT	TY-ST-ZIP ILE ME REET ADDRESS TY-ST-ZIP	HALLANDALE FL 33009 Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	S LIVENSTON, BERNEICE 751 THREE ISLANDS BLVD HALLANDALE FL V	☐ DELETE	2. 4 CI 3.1 TITI 3.2 NAI 3.3 STF 3.4 CII 4.1 TITI	TY-ST-ZIP ILE ME REET ADORESS TY-ST-ZIP LE	HALLANDALE FL 33009 Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S LIVENSTON, BERNEICE 751 THREE ISLANDS BLVD HALLANDALE FL V FUSS, ALICE		2. 4 CF 3.1 TITI 3.2 NAI 3.3 STF 3.4. CF 4.1 TITI 4.2 NA	TY-ST-ZIP ILE ME REFT ADDRESS TY-ST-ZIP LE AME	HAIIANDALE FL 33009 Change Addition Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S LIVENSTON, BERNEICE 751 THREE ISLANDS BLVD HALLANDALE FL V FUSS, ALICE 751 THREE ISLANDS BLVD		2. 4 CP 3.1 TITI 3.2 NAI 3.3 STF 3.4 CP 4.1 TITI 4.2 NAI 4.3 STF	TY-ST-ZIP (LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADORESS	HAIIANDALE FL 33009 Change Addition Change Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	S LIVENSTON, BERNEICE 751 THREE ISLANDS BLVD HALLANDALE FL V FUSS, ALICE 751 THREE ISLANDS BLVD HALLANDALE FL . D		2. 4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4. CIT 4.1 TITI 4.2 NAI 4.3 STF 4.4 CIT 5.1 TITI	TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP LE AME REET ADORESS TY-ST-ZIP LE	HAILANDALE FL 33009 Change Addition Change Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S LIVENSTON, BERNEICE 751 THREE ISLANDS BLVD HALLANDALE FL V FUSS, ALICE 751 THREE ISLANDS BLVD HALLANDALE FL D PESEKOW, ISAAC	☐ DELETE	2. 4 CI 3.1 TIII 3.2 NAI 3.3 STF 3.4. CII 4.1 TIII 4.2 NAI 4.3 STF 4.4 CII 5.1 TIII 5.2 NAI 5.3 STR	TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP LE AMME REET ADORESS TY-ST-ZIP LE ME ME REET ADDRESS KY-ST-ZIP	HAILANDALE FL 33009 Change Addition Change Addition
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I needly certify that the information supplied with this filling 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:

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6/3/95

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FILED

Jun 11 1998 8:00am

Secretary of State