

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 725666 (2)**  
1. Corporation Name  
**DESOTO PARK CONDOMINIUM ASSOCIATION INC**



Principal Place of Business <b>751 THREE ISLANDS BLVD. HALLANDALE FL 33009</b>	Mailing Address <b>751 THREE ISLANDS BLVD. HALLANDALE FL 33009</b>
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3. Date Incorporated or Qualified <b>02/27/1973</b>	
4. FEI Number <b>59-1555524</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

**FL**

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCAVO, JOSEPH</b>	1.2 NAME	
STREET ADDRESS	<b>751 THREE ISLANDS BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOSKOWITZ, ARNOLD</b>	2.2 NAME	<b>JESSIE BERMAN</b>
STREET ADDRESS	<b>751 THREE ISLANDS BLVD</b>	2.3 STREET ADDRESS	<b>851 THREE ISLANDS BLVD</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>	2.4 CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIVENSTON, BERNEICE</b>	3.2 NAME	
STREET ADDRESS	<b>751 THREE ISLANDS BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUSS, ALICE</b>	4.2 NAME	
STREET ADDRESS	<b>751 THREE ISLANDS BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PESEKOW, ISAAC</b>	5.2 NAME	<b>HY BORDON</b>
STREET ADDRESS	<b>751 THREE ISLANDS BLVD.</b>	5.3 STREET ADDRESS	<b>701 THREE ISLANDS BLVD</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>	5.4 CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEHTMAN, MILTON</b>	6.2 NAME	
STREET ADDRESS	<b>751 THREE ISLANDS BLVD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	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: *Joseph Scavo President* 6/13/98 954 456-0642

CR2E037 (10/97)