

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90013 030 ****61.25

DOCUMENT # 725666

1. Entity 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 33009-2825**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

4. FEI Number **59-155524** | Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCAVO JOSEPH
2000 ATLANTIC SHORES BLVD
SUITE 214
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** | Zip Code _____

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--|--|
| TITLE NAME | P SCAVO, JOSEPH | <input type="checkbox"/> Delete |
| STREET ADDRESS | 751 THREE ISLANDS BLVD | |
| CITY-ST-ZIP | HALLANDALE, FL 00000 | |
| TITLE NAME | T MOSKOWITZ, ARNOLD | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 851 3 ISLANDS BLVD | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE NAME | S LIVENSTON, BERNEICE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 751 THREE ISLANDS BLVD | |
| CITY-ST-ZIP | HALLANDALE FL | |
| TITLE NAME | V SIMON, LEON | <input type="checkbox"/> Delete |
| STREET ADDRESS | 751 THREE ISLANDS BLVD | |
| CITY-ST-ZIP | HALLANDALE FL | |
| TITLE NAME | D BORDON, HY | <input type="checkbox"/> Delete |
| STREET ADDRESS | 701 3 ISLANDS BLVD | |
| CITY-ST-ZIP | HALLANDALE FL 33008 | |
| TITLE NAME | D LEHTMAN, MILTON | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 751 THREE ISLANDS BLVD. | |
| CITY-ST-ZIP | HALLANDALE FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------------|--|
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | T ANNE FINELSTEIN | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 851 THREE ISLANDS BLVD | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | D JEAN RUDERMAN | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 701 THREE ISLANDS BLVD | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |

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 all other like empowered.

SIGNATURE: *[Signature]* **V.P.** | **3-15-00** | **84-456-0609**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E037 (9/99)