


MAY. 17. 2005 9:30AM KATZMAN & KORR

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90005 001 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 725666			
1. Entity Name DESOTO PARK CONDOMINIUM ASSOCIATION INC			
Principal Place of Business 751 THREE ISLANDS BLVD. HALLANDALE, FL 33009		Mailing Address 751 THREE ISLANDS BLVD. HALLANDALE, FL 33009	
2. Principal Place of Business		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1555524		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KATZMAN & KORR, PA 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		State check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '0	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLOTKIN, ORVILLE	NAME	
STREET ADDRESS	751 THREE ISLANDS BLVD	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCANO, EMILY	NAME	
STREET ADDRESS	2000 ATLANTIC SHORES	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE BEACH, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVENSTON, BERNEICE	NAME	
STREET ADDRESS	2000 ATLANTIC SHORES BLVD	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORDEN, HYMAN	NAME	Thomas Martins
STREET ADDRESS	701 THREE ISLANDS BLVD	STREET ADDRESS	801 Three Islands Blvd
CITY-ST-ZIP	HALLANDALE BEACH, FL	CITY-ST-ZIP	Hallandale Bch, FL 33009
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RECCO, JOHN	NAME	Zach Garvin
STREET ADDRESS	851 THREE ISLANDS BLVD	STREET ADDRESS	2000 Atlantic Shores
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	CITY-ST-ZIP	Hallandale Bch, FL 33009
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDERMAN, JEAN	NAME	S Maria McGlohn
STREET ADDRESS	601 THREE ISLANDS BLVD	STREET ADDRESS	701 Three Islands Blvd
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	CITY-ST-ZIP	Hallandale Bch 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)(f), 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 resolver or trustee empowered to file 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 empowers.			
SIGNATURE: _____		Date: 5/17/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone: 954-416-0609	