


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90046 034 ****61.25

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					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-155524			
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	DAVID ARONSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PLOTKIN, ORVILLE		NAME	801 Three Islands Blvd #103			
STREET ADDRESS	751 THREE ISLANDS BLVD		STREET ADDRESS	Hallandale Bch Fl 33009			
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009		CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Joseph Berman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCANO, EMILY		NAME	801 Three Islands Blvd #219			
STREET ADDRESS	2000 ATLANTIC SHORES		STREET ADDRESS	Hallandale Fl 33009			
CITY-ST-ZIP	HALLANDALE BEACH, FL		CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Lawrence Budd	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIVENSTON, BERNEICE		NAME	701 Three Islands Blvd #112			
STREET ADDRESS	2000 ATLANTIC SHORES BLVD		STREET ADDRESS	Hallandale, Fl 33009			
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009		CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	Alice Fuss	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTINS, THOMAS		NAME	2000 Atlantic Shores Blvd #203			
STREET ADDRESS	801 THREE ISLANDS BLVD		STREET ADDRESS	Hallandale Bch Fl 33009			
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Cathy Impiazzo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARVIN, ZACH		NAME	601 Three Islands Blvd #104			
STREET ADDRESS	2000 ATLANTIC SHORES		STREET ADDRESS	Hallandale Fl 33009			
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGLOTIN, MARIA		NAME				
STREET ADDRESS	701 THREE ISLANDS BLVD		STREET ADDRESS				
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>[Signature]</i></u> Vice President Feb 16/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							

