

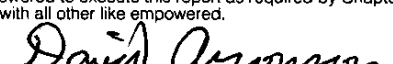


**2006 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

Page 1 of 2

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 59-1555524	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 ROBERT C. MARTIN, ESQ.	
				Street Address (P.O. Box Number is Not Acceptable)	
				319 S.E. 14th Street	
				City Ft. Lauderdale	FL Zip Code 33316
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:  ROBERT C. MARTIN				100070477141 04/14/06 -- 04/14/06 <i>April 3, 2006</i>	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating) DATE	
Amended AR is \$61.25		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 type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARONSON, DACID		NAME	ARONSON, DAVID	
STREET ADDRESS	801 THREE ISLANDS BLVD #103		STREET ADDRESS	801 Three Islands Boulevard, #103	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	T	<input type="checkbox"/> Delete	TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, JOSEPH		NAME	BERMAN, JOSEPH	
STREET ADDRESS	801 THREE ISLANDS BLVD #219		STREET ADDRESS	801 Three Islands Boulevard, #219	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	S	<input type="checkbox"/> Delete	TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDD, LAWRENCE		NAME	BUDD, LARRY	
STREET ADDRESS	701 THREE ISLANDS BLVD #112		STREET ADDRESS	701 Three Islands Boulevard, #112	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009		CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	V	<input type="checkbox"/> Delete	TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUSS, ALICE		NAME	FUSS, ALICE	
STREET ADDRESS	200 ATLANTIC SHORES BLVD. #203		STREET ADDRESS	2000 Atlantic Shores Boulevard, #203	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IMPLIAZZO, CATHY		NAME	IMPLIAZZO, CATHY	
STREET ADDRESS	601 THREE ISLANDS BLVD. #101		STREET ADDRESS	601 Three Islands Boulevard, #101	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	Hallandale, FL 33009	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	COSTA, JOSEPH	
STREET ADDRESS			STREET ADDRESS	801 Three Islands Boulevard, #119	
CITY-ST-ZIP			CITY-ST-ZIP	Hallandale, FL 33009	
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: DAVID ARONSON 			Date: 3/30/06		Daytime Phone #: (954)830-6446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRUBINSKY, MAX 2000 Atlantic Shores Boulevard, #419 Hallandale, FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEYES, LOREN 2500 Parkview Drive, #1201 Hallandale, FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, MAX 501 Three Islands Boulevard, #307 Hallandale, FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, MICHAEL 701 Three Islands Boulevard, #415 Hallandale, FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANETIK, BURTON 601 Three Islands Boulevard, #203 Hallandale, FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition