

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90024 042 ****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 - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-1555524**
Applied For
Not Applicable

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

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
**BASS, MICHAEL-R PA
600 S ANDREW AVE 6TH FL
FORT LAUDERDALE FL 33301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and the filer, applicable. (NOTE: Registered Agent signature is required when reappointing) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IMPLIAZZO, CATHY <input type="checkbox"/> Delete 601 THREE ISLANDS BLVD 101 HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEVINE, MAX <input type="checkbox"/> Delete 5011 THREE ISLANDS BVLD 307 HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUROSIN, RICHARD <input type="checkbox"/> Delete 801 3 ISLANDS BLVD 510 HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FUSS, ALICE <input type="checkbox"/> Delete 200 ATLANTIC SHORES BLVD. #203 HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM <input checked="" type="checkbox"/> Delete FRANKLIN, ALBERT 601 3 ISLANDS BLVD 302 HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM <input type="checkbox"/> Delete SHAVARTSMAN, DORA 601 3 ISLANDS BLVD 403 HALLANDALE FL 33009

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sam Rubincovich 601 Three Islands Blvd #415 Hallandale FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM <input type="checkbox"/> Change <input type="checkbox"/> Addition Joe Berman 801 Three Islands Blvd #219 Hallandale FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Florence Winegarden 851 Three Islands Blvd #320 Hallandale FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Burt Winitik 601 Three Islands Blvd #203 Hallandale FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Carmina Zeballos 801 Three Islands Blvd #511 Hallandale FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Gertz 851 Three Islands Blvd #318 Hallandale FL 33009

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 517, 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: *Catherine Impiazzo* **Catherine Impiazzo 954 456-0609**