

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 06, 2009
Secretary of State**

DOCUMENT# 725666

Entity Name: DESOTO PARK CONDOMINIUM ASSOCIATION INC

Current Principal Place of Business:

751 THREE ISLANDS BLVD.
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

751 THREE ISLANDS BLVD.
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 59-1555524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASS, MICHAEL R PA
600 S ANDREW AVE 6TH FL
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IMPLIAZZO, CATHY
Address: 601 THREE ISLANDS BLVD 101
City-St-Zip: HALLANDALE, FL 33009

Title: VPD () Delete
Name: LEVINE, MAX
Address: 5011 THREE ISLANDS BVLD 307
City-St-Zip: HALLANDALE, FL 33009

Title: T () Delete
Name: DUROSIN, RICHARD
Address: 801 3 ISLANDS BLVD 510
City-St-Zip: HALLANDALE, FL 33009

Title: SD () Delete
Name: FUSS, ALICE
Address: 200 ATLANTIC SHORES BLVD. #203
City-St-Zip: HALLANDALE, FL 33009

Title: BM () Delete
Name: RUBINOVICA, SAM
Address: 601 THREE ISLANDS BLVD 415
City-St-Zip: HALLANDALE, FL 33009

Title: BM () Delete
Name: SHAVARTSMAN, DORA
Address: 601 3 ISLANDS BLVD 403
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BM (X) Change () Addition
Name: WANETIK, BURT
Address: 601 THREE ISLANDS BLVD 203
City-St-Zip: HALLANDALE, FL 33009

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY IMPLIAZZO

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date