

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725666

FILED
Jan 05, 2010
Secretary of State

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 (X)

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
Name: IMPLIAZZO, CATHY
Address: 601 THREE ISLANDS BLVD 101
City-St-Zip: HALLANDALE, FL 33009

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

Title: BM
Name: RABINOVICH, SAM
Address: 601 THREE ISLANDS BLVD 415
City-St-Zip: HALLANDALE, FL 33009

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

Title: T
Name: WANETIK, BURT
Address: 601 THREE ISLANDS BLVD 203
City-St-Zip: HALLANDALE, FL 33009

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

I hereby 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 all other like empowered.

SIGNATURE: CATHY IMP;IAZZO

PRES

01/05/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date