


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90976 050 \*\*\*\*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  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1555524**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KATZMAN, LEIGH C ESQ.**  
**INVERRARY FINANCIAL CENTER, SECOND FLOOR**  
**5581 WEST OAKLAND PARK BOULEVARD**  
**LAUDERHILL FL 33313**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>PLOTKIN, ORVILLE</b><br><b>751 THREE ISLANDS BLVD</b><br><b>HALLANDALE BEACH FL 33009</b>            | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del><b>T</b><br/><b>FINELSTEIN, ANNE</b><br/><b>851 THREE ISLANDS BLVD</b><br/><b>HALLANDALE FL 33009</b></del>    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>LIVENSTON, BERNEICE</b><br><b>2000 ATLANTIC SHORES BLVD</b><br><b>HALLANDALE BEACH FL 33009</b>      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del><b>D</b><br/><b>BORDEN, HYMAN</b><br/><b>701 THREE ISLANDS BLVD</b><br/><b>HALLANDALE BEACH FL 33009</b></del> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>RECCO, JOHN</b><br><b>851 THREE ISLANDS BLVD</b><br><b>HALLANDALE FL 33009 Beach</b>                 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>RUDERMAN, JEAN</b><br><b>601 THREE ISLANDS BLVD</b><br><b>HALLANDALE FL 33009 Beach</b>              | <input type="checkbox"/> Delete            |

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T Helen Marx</b><br><b>751 Three Islands Blvd</b><br><b>Hallandale Beach, FL 33009</b><br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V Sheridan Laporte</b><br><b>601 Three Islands Blvd</b><br><b>Hallandale FL 33009</b><br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 fee empowered.

SIGNATURE: \_\_\_\_\_

4/3/03 (954) 456-0609

CR2E037 (10/02)