2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 725666



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

1. Entity Na DESOTO		ONDOMINIUM ASSO	CIATION INC			C)4-07-2003 90	0976 050 ***	*61.25
			Mailing Address 751 THREE ISLANDS BLVD. HALLANDALE FL 33009						
2. Principal	Place of Busi	ness	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-1555524 Applied For Not Applicable		Applied For Not Applicable		
Zip		Country	Zip	Country		5. Certificate of Sta	tus Desired	□ \$8.75 / Fee Requ	Additional
6. Name and Address of Current Registered Agent						7. Name and Addre	ess of New Regi	stered Agent	
		· ·		Nam	е				
KATZMAN, LEIGH C ESQ. INVERRARY FINANCIAL CENTER, SECOND FLOOR 5581 WEST OAKLAND PARK BOULEVARD				Stree	t Address (F	P.O. Box Number is No	ot Acceptable)		
	HILL FL 333								
Cioben		,,,,		City				FL Zip C	ode
8. The above	re named entite	ty submits this statement for tered agent.	the purpose of changing its	s registered office	e or registere	ed agent, or both, in th	ne State of Florida	a. I am familiar wi	th, and accept
		, i							
SIGNATURE		or printed name of registered agent a			- W				
		o printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent sig	gnature required	when reinstating)		DATE	
		/: FEE IS \$61.25	9. Election Car	E: Registered Agent sign mpaign Financing Contribution.	g _	\$5.00 May Be Added to Fees		Check Payab Department o	
10.			9. Election Cal Trust Fund 0	mpaign Financin	a 🗆	\$5.00 May Be	Florida	Check Payab Department o	f State
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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 the empowered.

SIGNATURE:

(154)456-0609