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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732277 (9)**  
1. Corporation Name  
**DESOTO PARK NORTH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>1926 ATLANTIC SHORES BLVD., HALLANDALE FL 33009</b>	Mailing Address <b>1926 ATLANTIC SHORES BLVD., HALLANDALE FL 33009</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/26/1975</b>	3a. Date of Last Report <b>03/17/1994</b>
4. FEI Number <b>59-1592441</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WEISER, CLAUDETTE  
1926 ATLANTIC SHORES BLVD  
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	LEVY, JOSE
STREET ADDRESS	1351 ATLANTIC SHORES BLVD., SUITE 21
CITY-ST-ZIP	HALLANDALE FL
TITLE	MD
NAME	GULLER, MILDRED
STREET ADDRESS	2001 ATLANTIC SHORES BLVD., SUITE 112
CITY-ST-ZIP	HALLANDALE FL
TITLE	S
NAME	PENTECOST, JACQUELINE
STREET ADDRESS	2001 ATLANTIC SHORES BLVD., SUITE 501
CITY-ST-ZIP	HALLANDALE, FL 00000
TITLE	T
NAME	SIMON, MARION
STREET ADDRESS	2101 ATLANTIC SHORES BLVD., SUITE 109
CITY-ST-ZIP	HALLANDALE FL
TITLE	D
NAME	QUILIANO, JOHN
STREET ADDRESS	2101 ATLANTIC SHORES BLVD., SUITE 202
CITY-ST-ZIP	HALLANDALE FL
TITLE	D
NAME	AUGARTEN, CLARA
STREET ADDRESS	2101 ATLANTIC SHORES BLVD., SUITE 408
CITY-ST-ZIP	HALLANDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marion Simon 1/24/95 454-3134  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #