

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732277 (9)
1. Corporation Name
DESOTO PARK NORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**1926 ATLANTIC SHORES BLVD.
HALLANDALE FL 33009** **1926 ATLANTIC SHORES BLVD.
HALLANDALE FL 33009**

3. Date Incorporated or Qualified 3a. Date of Last Report
03/26/1975 **03/21/1995**

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

4. FEI Number Applied For
59-1592441 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Claudette Weiser* / **CLAUDETTE WEISER** Property Manager DATE: **1/29/96**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	LEVY, JOSE
STREET ADDRESS	1951 ATLANTIC SHORES BLD., SUITE 21
CITY-ST-ZIP	HALLANDALE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	GULLER, MILDRED
STREET ADDRESS	2001 ATLANTIC SHORES BLD., SUITE 112
CITY-ST-ZIP	HALLANDALE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	PENTECOST, JACQUELINE
STREET ADDRESS	2001 ATLANTIC SHORES BLVD., SUITE 501
CITY-ST-ZIP	HALLANDALE, FL 00000
TITLE	T <input type="checkbox"/> DELETE
NAME	SIMON, MARION
STREET ADDRESS	2101 ATLANTIC SHORES BLD., SUITE 109
CITY-ST-ZIP	HALLANDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GUILIANO, JOHN
STREET ADDRESS	2101 ATLANTIC SHORES BLVD., SUITE 202
CITY-ST-ZIP	HALLANDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	AUGARTEN, CLARA
STREET ADDRESS	2101 ATLANTIC SHORES BLVD., SUITE 406
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 119.07(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 617, 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* - **MARION SIMON Treas.** Date: **1/29/96** Daytime Phone #: **954-474-3134**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)