

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 02, 1999 8:00am
Secretary of State

02-02-1999 90026 039 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 732277

1. Corporation Name

DESOTO PARK NORTH CONDOMINIUM ASSOCIATION, INC.

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

Mailing Address
 1926 ATLANTIC SHORES BLVD.
 HALLANDALE FL 33009



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/26/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-1592441	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
23. Zip		28. Country		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EUGENE MCINTYRE 1926 ATLANTIC SHORES BLVD HALLANDALE FL 33009				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: *Eugene McIntyre* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUGENE MCINTYRE	1.2 NAME	
STREET ADDRESS	1901 ATLANTIC SHORES BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	
TITLE	VDS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULLER, MILDRED	2.2 NAME	
STREET ADDRESS	2001 ATLANTIC SHORES BLD., SUITE 112	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, MARION	3.2 NAME	
STREET ADDRESS	2101 ATLANTIC SHORES BLD., SUITE 109	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS WIEDMAN	4.2 NAME	
STREET ADDRESS	2001 ATLANTIC SHORES BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL NESSENBERG	5.2 NAME	
STREET ADDRESS	1001 THREE ISLANDS BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Eugene McIntyre* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____

CR2E037 (11/98)