

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90200 044 ****61.25

DOCUMENT # 732277

1. Entity 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 33009-2814

003657



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1592441

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EUGENE MCINTYRE
1926 ATLANTIC SHORES BLVD
HALLANDALE FL 33009

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	EUGENE MCINTYRE	
STREET ADDRESS	1901 ATLANTIC SHORES BLVD.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	GULLER, MILDRED	
STREET ADDRESS	2001 ATLANTIC SHORES BLD., SUITE 112	
CITY-ST-ZIP	HALLANDALE FL	
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	FRANCIS WIEDMAN	
STREET ADDRESS	2001 ATLANTIC SHORES BLVD.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAUL NESSENBERG	
STREET ADDRESS	1001 THREE ISLANDS BLVD.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE:

Eugene McIntyre
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE MCINTYRE

1-17-2000

Pres

Date

Daytime Phone #

CR2E037 (9/99)