

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90049 038 ****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

702213



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 Delete
 NAME **P**
EUGENE MCINTYRE
 STREET ADDRESS **1901 ATLANTIC SHORES BLVD.**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ~~VDS~~
~~GULLER, MILDRED~~
 STREET ADDRESS ~~2001 ATLANTIC SHORES BLD., SUITE 112~~
 CITY-ST-ZIP ~~HALLANDALE FL~~

TITLE Change Addition
 NAME **Louise Segal**
 STREET ADDRESS **2001 ATLANTIC Shores Blvd**
 CITY-ST-ZIP **HALLANDALE, FLORIDA 33009**

TITLE Delete
 NAME **T**
SIMON, MARION
 STREET ADDRESS **2101 ATLANTIC SHORES BLD., SUITE 109**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
FRANCIS WIEDMAN
 STREET ADDRESS **2001 ATLANTIC SHORES BLVD.**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE Change Addition
 NAME **FRANCIS WIEDMAN**
 STREET ADDRESS **2001 ATLANTIC Shores Blvd**
 CITY-ST-ZIP **HALLANDALE, FLORIDA 33009**

TITLE Delete
 NAME **D**
PAUL NISSENBERG
 STREET ADDRESS **1001 THREE ISLANDS BLVD.**
 CITY-ST-ZIP **HALLANDALE FL**

TITLE Change Addition
 NAME **DAVID Krohn**
 STREET ADDRESS **1951 ATLANTIC Shores Blvd**
 CITY-ST-ZIP **HALLANDALE FLORIDA 33009**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Phyllis GerstKoff D**
 STREET ADDRESS **2001 ATLANTIC Shores Blvd**
 CITY-ST-ZIP **HALLANDALE, FL 33009**

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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/2001 954-454-3134

CR2E037 (10/00)