


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 732277					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUGENE MCINTYRE		NAME	1100000213289	
STREET ADDRESS	1901 ATLANTIC SHORES BLVD.		STREET ADDRESS	02/03/05-80065-004 61.25	
CITY - ST - ZIP	HALLANDALE FL 33009		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEGAL, LOUIS		NAME		
STREET ADDRESS	2001 ATLANTIC SHORES BLVD		STREET ADDRESS		
CITY - ST - ZIP	HALLANDALE FL 33009		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMON, MARION		NAME		
STREET ADDRESS	2101 ATLANTIC SHORES BLD., SUITE 109		STREET ADDRESS		
CITY - ST - ZIP	HALLANDALE FL 33009		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANCIS WIEDMAN		NAME		
STREET ADDRESS	2001 ATLANTIC SHORES BLVD.		STREET ADDRESS		
CITY - ST - ZIP	HALLANDALE FL 33009		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAUL NESSENBERG		NAME		
STREET ADDRESS	1001 THREE ISLANDS BLVD.		STREET ADDRESS		
CITY - ST - ZIP	HALLANDALE FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NESS, AMY		NAME		
STREET ADDRESS	1951 ATLANTIC SHORE BLVD TH-15		STREET ADDRESS		
CITY - ST - ZIP	HALLANDALE FL 33009		CITY - ST - ZIP		



1st MOORE CR2E037 (10/04)

4. FEI Number **59-1592441** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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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:  1/31/05 954-454-3134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #