2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 09, 2006 8:00 am Secretary of State

DOCUMENT #732277 1. Entity Name DESOTO PARK NORTH CONDOMINIUM ASSOCIATION, INC.					02-09-20	006 90040 020	0 ****61	.25
1926 ATLANTIC SHORES BLVD., 193			iailing Address 1926 ATLANTIC SHORES BLVD., HALLANDALE, FL 33009		600	13286	-	. <i>.</i>
2. Principal P	lace of Business	3. Mailing Address						
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01272	006 Chg-NP	CR2E03	7 (11/05)	
City & State		City & State		4. FEI	Number -1592441	· <u>-</u>		oplied For ot Applicable
Zip	Country	Zip	Country		ficate of Status Des		\$8.75 Add	ditional
	6. Name and Address of Current F	Registered Agent		7. Nam	e and Address of I		Fee Require	0
FUCENE			Name	 -	<u>-</u>	· *		
1926 ATLA	MCINTYRE ANTIC SHORES BLVD		Street Address		Number is Not Acce	eptable)		
HALLANDA	ALE, FL 33009			 	·- <u></u>			
			City			FL.	Zip Cod	е
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	registered office o	registered agent	or both, in the State	of Florida. I am l	amiliar with,	and accept
(iio obligati	iono or rogistored agont.							
SIGNATURE .								
	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE:	Registered Agent signet	ure remirred when reinsta	ting)	DATE		
	Signature, typed or printed name of registered agent a			ure required when reinsta		DATE		
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006	nd title if applicable. (NOTE: 9. Election Cam Trust Fund Co	palgn Financing	\$5.00 Added to	May Be	Make check		
10.	Filling Fee is \$61.25	9. Election Cam Trust Fund Co	palgn Financing	\$5.00 Added to	May Be	Make check Florida Depart	ment of S	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

CITY-ST-ZIP

HALLANDALE, FL 33009