


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-09-2006 90040 020 ****61.25

60013286



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		4. FEI Number 59-1592441	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EUGENE MCINTYRE		NAME	Sylvia Giella	
STREET ADDRESS	1901 ATLANTIC SHORES BLVD.		STREET ADDRESS	2001 ATLANTIC SHORES BLVD	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
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 checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, MARION		NAME	EUGENE MCINTYRE	
STREET ADDRESS	2101 ATLANTIC SHORES BLD., SUITE 109		STREET ADDRESS	1901 ATLANTIC SHORES BLVD	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
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 checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL NESSENBERG		NAME	ARLENE DANNA	
STREET ADDRESS	1001 THREE ISLANDS BLVD.		STREET ADDRESS	2001 ATLANTIC SHORES BLVD	
CITY-ST-ZIP	HALLANDALE, FL		CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NESS, AMY		NAME	PABLO GONZALEZ	
STREET ADDRESS	1951 ATLANTIC SHORE BLVD TH-15		STREET ADDRESS	1951 ATLANTIC SHORES BLVD	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
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: <i>Sylvia Giella</i>		Date: 2/01/06		Daytime Phone #: 954-454-3134	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					