


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90065 049 ****61.25

DOCUMENT # 732277
 1. Entity Name
DESOTO PARK NORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 1926 ATLANTIC SHORES BLVD., 1926 ATLANTIC SHORES BLVD.,
 HALLANDALE FL 33009 HALLANDALE FL 33009



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. # etc.
 City & State City & State
 Zip Zip Country Country

2nd MOORE CR2E037 (4/07)
 4. FEI Number Applied For
59-1592441 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~EUGENE MCINTYRE~~ **JOAN SCHMEIZER**
 1926 ATLANTIC SHORES BLVD
 HALLANDALE FL 33009

7. Name and Address of New Registered Agent
 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: *[Signature]* DATE: **7/29/07**
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GIELLA, SYLVIA	
STREET ADDRESS	2001 ATLANTIC SHORES BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SEGAL, LOUIS	
STREET ADDRESS	2001 ATLANTIC SHORES BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MCINTYRE, EUGENE	
STREET ADDRESS	1901 ATLANTIC SHORES BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FRANCIS WIEDMAN	
STREET ADDRESS	2001 ATLANTIC SHORES BLVD.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DANNA, ARLENE	
STREET ADDRESS	2001 ATLANTIC SHORES BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NESS, AMY	
STREET ADDRESS	1951 ATLANTIC SHORE BLVD TH-15	
CITY-ST-ZIP	HALLANDALE FL 33009	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL WISSENBERG	
STREET ADDRESS	1001-THREE ISLANDS BLVD.	
CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	V. President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANDELE TOHEMAN	
STREET ADDRESS	2101 ATLANTIC SHORES BLVD.	
CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLETTE CONNOR	
STREET ADDRESS	1951 ATLANTIC SHORES BLVD.	
CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	SECT.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN WILLIAMS	
STREET ADDRESS	2101 ATLANTIC SHORES BLVD.	
CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PABLO GONZALEZ	
STREET ADDRESS	1951 ATLANTIC SHORES BLVD.	
CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONY GIELLA	
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 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]* DATE: **7/19/07**