

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR -7 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766430

(3)

1. Corporation Name

1100 DESOTO ROAD PARK, INC.

Principal Place of Business

Mailing Address

% BARBARA CELADON - DENIG
1100 UNIVERSITY PKWY. LOT 16
SARASOTA FL 34234
US

% BARBARA CELADON - DENIG
1100 UNIVERSITY PKWY. LOT 16
SARASOTA FL 34234
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/06/1983

3a. Date of Last Report
04/04/1994

4. FEI Number
59-2366248

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. ~~Barbara Celadon - Denig~~
Suite, Apt. #, etc.

26. ~~Barbara Celadon - Denig~~
Suite, Apt. #, etc.

22. Same

27. Same

City & State

City & State

23. Same

28. Same

Zip

Country

Zip

Country

24. Same

25. Same

29. Same

30. Same

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CELADON, BARBARA -
1100 UNIVERSITY PKWY
LOT 16
SARASOTA FL 34234

B1 Name CELADON - DENIG, BARBARA

B2 Street Address (P.O. Box Number is Not Acceptable)

SAME

B3 SAME

B4 City SAME

FL

B5 Zip Code SAME

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Barbara Celadon - Denig

4/1/95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SHERMAN, EDWARD
STREET ADDRESS LOT 11, 1100 UNIVERSITY PKWY
CITY - ST - ZIP SARASOTA FL 34234

1.1 TITLE S ☐ Change ☒ Addition
1.2 NAME MILLER, CATHERINE
1.3 STREET ADDRESS LOT 38, 1100 UNIVERSITY PKWY.
1.4 CITY - ST - ZIP SARASOTA, FL 34234

TITLE V
NAME ~~LENT, WALTER~~
STREET ADDRESS 1155 53RD STR
CITY - ST - ZIP SARASOTA FL

2.1 TITLE V/P ☒ Change ☐ Addition
2.2 NAME CONNELL, BARBARA
2.3 STREET ADDRESS LOT 48, 1100 UNIVERSITY PKWY.
2.4 CITY - ST - ZIP SARASOTA, FL 34234

TITLE T
NAME CELADON, BARBARA
STREET ADDRESS LOT 16, 1100 UNIVERSITY PKWY
CITY - ST - ZIP SARASOTA FL

3.1 TITLE T ☒ Change ☐ Addition
3.2 NAME CELADON - DENIG, BARBARA
3.3 STREET ADDRESS SAME
3.4 CITY - ST - ZIP

TITLE D
NAME BROOKS, ELMER
STREET ADDRESS LOT 2, 1100 UNIVERSITY PKWY
CITY - ST - ZIP SARASOTA FL

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME BRIGGS, HAROLD
4.3 STREET ADDRESS LOT 5, 1100 UNIVERSITY PKWY
4.4 CITY - ST - ZIP SARASOTA FL 34234

TITLE D
NAME MARTIN, BERT
STREET ADDRESS LOT 56, 1100 UNIVERSITY PKWY
CITY - ST - ZIP SARASOTA FL

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME WATSON, MARION
5.3 STREET ADDRESS LOT 23, 1100 UNIVERSITY PKWY.
5.4 CITY - ST - ZIP SARASOTA, FL 34234

TITLE D
NAME HARTMAN, MARGARETTE
STREET ADDRESS LOT 20, 1100 UNIVERSITY PKWY
CITY - ST - ZIP SARASOTA FL

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME CHASE, DONALD
6.3 STREET ADDRESS LOT 19, 1100 UNIVERSITY PKWY.
6.4 CITY - ST - ZIP SARASOTA, FL 34234

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barbara Celadon - Denig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA CELADON - DENIG, PRES.

4/1/95 813 - 355 - 3771

Daytime Phone #