

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 766430 (3)**

1. Corporation Name  
**1100 DESOTO ROAD PARK, INC.**



Principal Place of Business  
**C/O CELADON-DENIG, BARBARA  
1100 UNIVERSITY PKWY. LOT 16  
SARASOTA FL 34234  
US**

Mailing Address  
**C/O CELADON-DENIG, BARBARA  
1100 UNIVERSITY PKWY. LOT 16  
SARASOTA FL 34234  
US**

3. Date Incorporated or Qualified **01/06/1983** 3a. Date of Last Report **04/07/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>59-2366248</b>	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CELADON-DENIG, BARBARA 1100 UNIVERSITY PKWY LOT 16 SARASOTA FL 34234</b>				81	Name <b>Same</b>		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<b>1st VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>SHERMAN, EDWARD</b>		1.2 NAME	<b>BETHA STROM</b>			
STREET ADDRESS	<b>LOT 11, 1100 UNIVERSITY PKWY</b>		1.3 STREET ADDRESS	<b>Lot 18 - 1100 University Pkwy</b>			
CITY-ST-ZIP	<b>SARASOTA FL</b>		1.4 CITY-ST-ZIP	<b>Sarasota, FL 34234</b>			
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<b>2nd VP</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>MILLER, CATHERINE</b>		2.2 NAME	<b>DONALD CHASE</b>	<b>from Director to VP</b>		
STREET ADDRESS	<b>LOT 38, 1100 UNIVERSITY PKWY</b>		2.3 STREET ADDRESS	<b>Lot 19 - 1100 University Pkwy</b>			
CITY-ST-ZIP	<b>SARASOTA FL</b>		2.4 CITY-ST-ZIP	<b>Sarasota, FL 34234</b>			
TITLE	<b>T</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>CELADON-DENIG, BARBARA</b>		3.2 NAME	<b>Roland Ferraris</b>			
STREET ADDRESS	<b>LOT 16, 1100 UNIVERSITY PKWY</b>		3.3 STREET ADDRESS	<b>Lot 10 - 1100 University Pkwy</b>			
CITY-ST-ZIP	<b>SARASOTA FL</b>		3.4 CITY-ST-ZIP	<b>Sarasota, FL 34234</b>			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BROOKS, ELMER</b>		4.2 NAME	<b>Barbara Cornell</b>	<b>from VP to Dir</b>		
STREET ADDRESS	<b>LOT 2, 1100 UNIVERSITY PKWY</b>		4.3 STREET ADDRESS	<b>Lot 48 - 1100 University Pkwy</b>			
CITY-ST-ZIP	<b>SARASOTA FL</b>		4.4 CITY-ST-ZIP	<b>Sarasota, FL 34234</b>			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>MARTIN, BERT</b>		5.2 NAME	<b>Edna SCHULTZ</b>			
STREET ADDRESS	<b>LOT 56, 1100 UNIVERSITY PKWY</b>		5.3 STREET ADDRESS	<b>Lot 50 - 1100 University Pkwy</b>			
CITY-ST-ZIP	<b>SARASOTA FL</b>		5.4 CITY-ST-ZIP	<b>Sarasota, FL 34234</b>			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>HARTMAN, MARGARETTE</b>		6.2 NAME	<b>ETIS MILLER</b>			
STREET ADDRESS	<b>LOT 20, 1100 UNIVERSITY PKWY</b>		6.3 STREET ADDRESS	<b>Lot 65 - 1165 53rd St</b>			
CITY-ST-ZIP	<b>SARASOTA FL</b>		6.4 CITY-ST-ZIP	<b>Sarasota, FL 34234</b>			

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 3/7/96 941-355-3771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)