

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90156 026 ****61.25

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DOCUMENT # 766430

1. Corporation Name

DESOTO PLACE PARK, INC.

Principal Place of Business

DESOTO PLACE PARK, INC
SARASOTA FL 34234
US

Mailing Address

1100 UNIVERSITY PKY
SARASOTA FL 34234
US

190240 - 90156 - 26



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/06/1983

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

9. Name and Address of Current Registered Agent

KORP, WILLIAM R
333 SOUTH TAMiami TRAIL
SUITE 199
VENICE FL 34285

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **MYERS, SHIRLEY**
STREET ADDRESS **1100 UNIVERSITY PKWY LOT 54**
CITY-ST-ZIP **SARASOTA FL**

TITLE **T** ☐ DELETE
NAME **DRAGOON, G**
STREET ADDRESS **1100 UNIVERSITY PARKWAY**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE
NAME **STROHM, B**
STREET ADDRESS **1100 UNIVERSITY PARKWAY**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE
NAME **CHASE, D**
STREET ADDRESS **1100 UNIVERSITY PARKWAY**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☒ DELETE
NAME **BRIGGS, H**
STREET ADDRESS **1100 UNIVERSITY PARKWAY**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE
NAME **JASPER, R**
STREET ADDRESS **1100 UNIVERSITY PARKWAY**
CITY-ST-ZIP **SARASOTA FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

SECRETARY ☐ Change ☒ Addition
BEAVALIS, ROLAND
1100 UNIVERSITY PKWY, Lot 10
SARASOTA, FL 34234

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-99 941-355-3438

CR2E037 (1/98)