

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90012 049 ****61.25

DOCUMENT # 766430

1. Entity Name
DESOTO PLACE PARK, INC.



Principal Place of Business
**1100 UNIVERSITY PKY
SARASOTA, FL 34234 US**

Mailing Address
**9031 TOWN CENTER PKWY
BRADENTON, FL 34202 US**

24016052



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2366248

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADVANCED MANAGEMENT OF SW FL, INC.
9031 TOWN CENTER PKWY
BRADENTON, FL 34202**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete
NAME **BRIGGS, HAROLD**
STREET ADDRESS **1100 UNIVERSITY, #5**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BRISON, MARION**
STREET ADDRESS **1100 UNIVERSITY PKWY STE 40**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **TRES** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **STROHM, B**
STREET ADDRESS **1100 UNIVERSITY PKWY STE 18**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **SEC** ☐ Change ☒ Addition
NAME **EMMA LIPORACE**
STREET ADDRESS **1100 UNIVERSITY PKY #52**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **D** ☐ Delete
NAME **MILLER, LOTIS**
STREET ADDRESS **1100 UNIVERSITY PKWY #38**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **RON SMITH**
STREET ADDRESS **1100 UNIVERSITY PKY #60**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **PD** ☐ Delete
NAME **PARKER, ROBERT**
STREET ADDRESS **1100 UNIVERSITY PKWY STE 3**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **DONALD ZOLLMAN**
STREET ADDRESS **1100 UNIVERSITY PKY #37**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **VP** ☐ Delete
NAME **DRAGOON, GORDON**
STREET ADDRESS **1100 UNIVERSITY PKWY STE 22**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **SANDRA BENTLEY**
STREET ADDRESS **5101 53rd St (115)**
CITY-ST-ZIP **Sarasota, FL 34234**

12. 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 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 law; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECEIVED
FEB 23 2004

Date

Daytime Phone #

REVENUE
DBPR