

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90234 025 ****61.25

50020576



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																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		4. FEI Number 59-2366248																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent ADVANCED MANAGEMENT OF SW FL, INC. 9031 TOWN CENTER PKWY BRADENTON, FL 34202				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 <u>Douglas E. Wilson, President</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>																													
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
Make check payable to Florida Department of State																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BRIGGS, HAROLD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1100 UNIVERSITY, #5</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34234</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">T</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BRISON, MARION</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1100 UNIVERSITY PKWY STE 40</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34234</td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	BRIGGS, HAROLD		STREET ADDRESS	1100 UNIVERSITY, #5		CITY-ST-ZIP	SARASOTA, FL 34234		TITLE	T	<input type="checkbox"/> Delete	NAME	BRISON, MARION		STREET ADDRESS	1100 UNIVERSITY PKWY STE 40		CITY-ST-ZIP	SARASOTA, FL 34234	
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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 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 the empowered.																													
SIGNATURE: <u>Robert J. Parker</u> 2/1/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													
<small>Date</small> <small>Daytime Phone #</small>																													