2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# 766430

Entity Name: DESOTO PLACE PARK, INC.

Current Principal Place of Business:

1100 UNIVERSITY PKY
SARASOTA, FL 34234 US

New Principal Place of Business:

Current Mailing Address:

9031 TOWN CENTER PKWY
BRADENTON, FL 34202 US

New Mailing Address:

FEI Number: 59-2366248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	LIPORACE, EMMA	
Address:	1100 UNIVERSITY #52	
City-St-Zip:	SARASOTA, FL 34234	
Title:	D	( ) Delete
Name:	BRISON, MARION	
Address:	1100 UNIVERSITY PKWY STE 40	
City-St-Zip:	SARASOTA, FL 34234	
Title:	D	( ) Delete
Name:	SMITH, RON	
Address:	1100 UNIVERSITY PKWY #60	
City-St-Zip:	SARASOTA, FL 34234	
Title:	S	( ) Delete
Name:	CARONE, MICHAEL	
Address:	1100 UNIVERSITY #64	
City-St-Zip:	SARASOTA, FL 34234	
Title:	PD	( ) Delete
Name:	PARKER, ROBERT	
Address:	1100 UNIVERSITY PKWY STE 3	
City-St-Zip:	SARASOTA, FL 34234	
Title:	T	( ) Delete
Name:	CHASE, LOIS	
Address:	1100 UNIVERSITY PKWY SUITE 19	
City-St-Zip:	SARASOTA, FL 34234	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	VP	(X) Change ( ) Addition
Name:	LIPORACE, EMMA	
Address:	1100 UNIVERSITY #52	
City-St-Zip:	SARASOTA, FL 34234	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	PROBST, BOB	
Address:	1100 UNIVERSITY PKWY #45	
City-St-Zip:	SARASOTA, FL 34234	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT PARKER T 05/01/2009

Electronic Signature of Signing Officer or Director — Date