SIGNATURE:

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DOCUMENT # N96000003601							ricëu .			
DESOTO WOODS HOMEOWNERS ASSOCIATION, INC.						SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place of Business Mailing Address						01 MAR 27 PM 5: 22				
P.O. Box 1754 P.O. Box 1754 Tallavast, FL 34270 Tallavast, FL 3427							-			
sam	Place of Business De as above	3. Mailing Address same as above								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT W	RITE IN THIS	SPACE		
City & State	e	City & State			4. FEI Numbe			} -	pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Ad Fee Require		
	6. Name and Address of Current		7. Name and Address of New Registered Agent							
				Name Tammy Paulson						
Edward Osika 8028 Desoto Wood Drive				Street Address (P.O. Box Number is Not Acceptable)						
Sarasota, FL 34243				8006 Desoto Wood Drive					1 -	
				City Sarasota, FL Zip Code 34243						
8. The above	named entity submits this statement for	or the purpose of changing its	registered office	or registere	ed agent, or bot	th, in the state of F	lorida.	•		
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SIGNATURE .	comme	in some	President	t			15/01	<i>'</i>		
order from 2	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent sign	nature required v	when reinstating)		DATE			
				والمساسدات منسط		4.	بد جيه سيد منت	an including a	in the series	
*	FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contribu			May Be to Fees		ke Check epartmen	Payable to t of State	0 0	
10.	OFFICERS AND DI	RECTORS	11.	A	DDITIONS/CH	ANGES TO OFFIC	ERS AND D	IRECTORS IN	V 10	
TITLE		☐ Delete	TITLE	Pres	s. (D)			K Change	Addition Addition	
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STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			Wood Dr.	Saraso	ta, FL	34243	
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NAME		<u> </u>	NAME		ard Osik					
STREET ADDRESS			STREET ADDRESS			Wood Driv	ле			
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STREET ADDRESS	Karen Swessel	Dariaro	STREET ADDRESS	s	- 4	-00003 -04/1	⊃-⊃-≥ N3/N1	-01020-	-023	
City-St-ZIP	8002 Desoto Wood 1 Sarasota, FL 3424		CITY-ST-ZIP			東海東	e¥61.25	, 海水海海洋	61.25	
TITLE	Treas. (D)	☐ Delete	TITLE	[☐ Change	☐ Additio	
NAME STREET ADDRESS	Marcia R. Derck		NAME STREET ADDRESS							
CITY-ST-ZIP	8001 Desoto Wood 1	Drive	CITY-ST-ZIP	1						
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CITY-ST-ZIP	, ,		CITY-ST-ZIP	<u> </u>						
indicated of the corp	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address.	s true and accurate and that mo owered to execute this report a	ny signature shall	have the s	ame legal effec	t as if made unde	r oath; that I	am an officer	or director	

CR2E037 (

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Dayling Phone #