

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000003601**

1. Entity Name

DESOTO WOODS HOMEOWNERS' ASSOCIATION, INC.**FILED****Feb 25, 2002 8:00 am**
Secretary of State

02-25-2002 90045 028 ****61.25

Principal Place of Business

**P.O. BOX 1754
TALLAVAST FL 34270**

Mailing Address

**P.O. BOX 1754
TALLAVAST FL 34270**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0795224**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**PAULSON, TAMMY
8006 DESOTO WOOD DRIVE
SARASOTA FL 34243**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAULSON, TAMMY 8006 DESOTO WOOD DRIVE SARASOTA FL 34243	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OSIKA, EDWARD 8028 DESOTO WOOD DRIVE SARASOTA FL 34243	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWESSEL, KAREN 8002 DESOTO WOOD DRIVE SARASOTA FL 34243	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DERCK, MARCIA R 8001 DESOTO WOOD DRIVE SARASOTA FL 34243	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 like empowered.

SIGNATURE:  **Tammy Paulson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/02 (941)351-5659

CP2E037 (9/01)