

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000003601

1. Entity Name
DESOTO WOODS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
P.O. BOX 1754
TALLAVAST, FL 34270

Mailing Address
P.O. BOX 1754
TALLAVAST, FL 34270



03242004 No Chg-NP CR2E037 (10/03)

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

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

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

U000000106407
04/08/04-80014-013 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PAULSON, TAMMY
8006 DESOTO WOOD DRIVE
SARASOTA, FL 34243

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
SWESSEL, JOHN
8002 DESOTO WOOD DRIVE
SARASOTA, FL 34243

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
FENCIL, PAMELA
8009 DESOTO WOOD DRIVE
SARASOTA, FL 34243

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DERCK, MARCIA R
8001 DESOTO WOOD DRIVE
SARASOTA, FL 34243

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Marcia R. Derck, Treas.*

Marcia R. Derck

4/5/04

941-957-0120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #