FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -7 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **766430** **(3)**

1. Corporation Name

1100 DESOTO ROAD PARK, INC.

Principal Place of Business	Mailing Address
% BARBARA CELADON - DENIG 1100 UNIVERSITY PKWY. LOT 16 SARASOTA FL 34234 US	% BARBARA CELADON - DENIG 1100 UNIVERSITY PKWY. LOT 16 SARASOTA FL 34234 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1983
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-2366248 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 c/o Barbara Celadon-Denig	26 c/o Barbara Celadon-Denig
Suite, Apt. #, etc. 22 SAME	Suite, Apt. #, etc. 27 SAME
City & State 23 SAME	City & State 28 SAME
Zip / Country 24 SAME / 25 SAME	Zip / Country 29 SAME / 30 SAME

9. Name and Address of Current Registered Agent

CELADON, BARBARA -
1100 UNIVERSITY PKWY
LOT 16
SARASOTA FL 34234

10. Name and Address of New Registered Agent

31 Name: CELADON-DENIG, BARBARA
32 Street Address (P.O. Box Number is Not Acceptable): SAME
33: SAME
34 City: SAME FL 35 Zip Code: SAME

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Barbara Celadon-Denig 4/1/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	S	☐ Change ☒ Addition
NAME	SHERMAN, EDWARD	12 NAME	MILLER, CATHERINE	
STREET ADDRESS	LOT 11, 1100 UNIVERSITY PKWY	13 STREET ADDRESS	LOT 38, 1100 UNIVERSITY PKWY.	
CITY-ST-ZIP	SARASOTA FL 34234	14 CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	V	21 TITLE	V/P	☒ Change ☐ Addition
NAME	~~LENT, WALTER~~	22 NAME	CONNELL, BARBARA	
STREET ADDRESS	1155 53RD STR	23 STREET ADDRESS	LOT 48, 1100 UNIVERSITY PKWY.	
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	T	31 TITLE	T	☒ Change ☐ Addition
NAME	~~CELADON, BARBARA~~	32 NAME	CELADON-DENIG, BARBARA	
STREET ADDRESS	LOT 16, 1100 UNIVERSITY PKWY	~~33 STREET ADDRESS~~	SAME	
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☐ Change ☒ Addition
NAME	BROOKS, ELMER	42 NAME	BRIGGS, HAROLD	
STREET ADDRESS	LOT 2, 1100 UNIVERSITY PKWY	43 STREET ADDRESS	LOT 5, 1100 UNIVERSITY PKWY	
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	51 TITLE	D	☐ Change ☒ Addition
NAME	MARTIN, BERT	52 NAME	WATSON, MARION	
STREET ADDRESS	LOT 56, 1100 UNIVERSITY PKWY	53 STREET ADDRESS	LOT 23, 1100 UNIVERSITY PKWY.	
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	D	61 TITLE	D	☐ Change ☒ Addition
NAME	HARTMAN, MARGARETTE	62 NAME	CHASE, DONALD	
STREET ADDRESS	LOT 20, 1100 UNIVERSITY PKWY	63 STREET ADDRESS	LOT 19, 1100 UNIVERSITY PKWY.	
CITY-ST-ZIP	SARASOTA FL	64 CITY-ST-ZIP	SARASOTA, FL 34234	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Celadon-Denig 4/1/95 813 - 355-3771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BARBARA CELADON-DENIG, TRES.

0043833