

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 766430 (3)

1. Corporation Name

1100 DESOTO ROAD PARK, INC.



Principal Place of Business

Mailing Address

C/O CELADON-DENIG, BARBARA
1100 UNIVERSITY PKWY. LOT 16
SARASOTA FL 34234
US

C/O CELADON-DENIG, BARBARA
1100 UNIVERSITY PKWY. LOT 16
SARASOTA FL 34234
US

3. Date Incorporated or Qualified
01/06/1983

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name Same
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETED
NAME	SHERMAN, EDWARD	
STREET ADDRESS	LOT 11, 1100 UNIVERSITY PKWY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	DELETED
NAME	MILLER, CATHERINE	
STREET ADDRESS	LOT 38, 1100 UNIVERSITY PKWY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	DELETED
NAME	CELADON-DENIG, BARBARA	
STREET ADDRESS	LOT 16, 1100 UNIVERSITY PKWY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	DELETED
NAME	BROOKS, ELMER	
STREET ADDRESS	LOT 2, 1100 UNIVERSITY PKWY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	DELETED
NAME	MARTIN, BERT	
STREET ADDRESS	LOT 56, 1100 UNIVERSITY PKWY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	DELETED
NAME	HARTMAN, MARGARETTE	
STREET ADDRESS	LOT 20, 1100 UNIVERSITY PKWY	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1st VP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	BETHA STROMM	
1.3 STREET ADDRESS	Lot 18 - 1100 University Pkwy	
1.4 CITY-ST-ZIP	Sarasota, FL 34234	
2.1 TITLE	2nd VP	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME	DAVID CHASE	from Director to VP
2.3 STREET ADDRESS	Lot 19 - 1100 University Pkwy	
2.4 CITY-ST-ZIP	Sarasota, FL 34234	
3.1 TITLE	D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME	Rolande Storrans	
3.3 STREET ADDRESS	Lot 10 - 1100 University Pkwy	
3.4 CITY-ST-ZIP	Sarasota, FL 34234	
4.1 TITLE	D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	Barbara Cornell	from VP to Dir.
4.3 STREET ADDRESS	Lot 48 - 1100 University Pkwy	
4.4 CITY-ST-ZIP	Sarasota, FL 34234	
5.1 TITLE	D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
5.2 NAME	Edna SCHULTZ	
5.3 STREET ADDRESS	Lot 50 - 1100 University Pkwy	
5.4 CITY-ST-ZIP	Sarasota, FL 34234	
6.1 TITLE	D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
6.2 NAME	OTIS MILLER	
6.3 STREET ADDRESS	Lot 65 - 1165 53rd St	
6.4 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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96 941-355-3771
Date Daytime Phone #

CR2E037 (12/95)