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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766430

1. Corporation Name

DESOTO PLACE PARK, INC.

Principal Place of Business	Mailing Address
DESOTO PLACE PARK. INC SARASOTA FL 34234 US	1100 UNIVERSITY PKY SARASOTA FL 34234 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	01/06/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2366248 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KORP, WILLIAM R
333 SOUTH TAMIAMI TRAIL
SUITE 199
VENICE FL 34285

10. Name and Address of New Registered Agent

81 Name

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	MYERS, SHIRLEY		1.2 NAME	GERVAIS, ROLAND	
STREET ADDRESS	1100 UNIVERSITY PKWY LOT 54		1.3 STREET ADDRESS	1100 UNIVERSITY PKWY, LOT 10	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DRAGOON, G		2.2 NAME		
STREET ADDRESS	1100 UNIVERSITY PARKWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STROHM, B		3.2 NAME		
STREET ADDRESS	1100 UNIVERSITY PARKWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CHASE, D		4.2 NAME		
STREET ADDRESS	1100 UNIVERSITY PARKWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRIGGS, H		5.2 NAME		
STREET ADDRESS	1100 UNIVERSITY PARKWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JASPER, R		6.2 NAME		
STREET ADDRESS	1100 UNIVERSITY PARKWAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Gordon G. Dragoon SIGNATURE REQUIRED Gordon G. Dragoon 3-5-99 941-355-3438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #