2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 725666

Entity Name: DESOTO PARK CONDOMINIUM ASSOCIATION INC

FILED
Apr 30, 2021
Secretary of State
2685425251CC

Current Principal Place of Business:

C/O ASSOCIATION SERVICES OF FLORIDA 10112 USA TODAY WAY MIRAMAR, FL 33025

Current Mailing Address:

C/O ASSOCIATION SERVICES OF FLORIDA 10112 USA TODAY WAY MIRAMAR, FL 33025 US

FEI Number: 59-1555524 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JAGOLTA, JONATHAN C/O ASSOCIATION SERVICES OF FLORIDA 10112 USA TODAY WAY MIRAMAR, FL 33025 US

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: JONATHAN JAGOLTA 04/30/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name AKKERMAN, DANIEL Name MASON, MICHAEL

Address C/O ASSOCIATION SERVICES OF Address C/O ASSOCIATION SERVICES OF

FLORIDA FLORIDA

10112 USA TODAY WAY 10112 USA TODAY WAY

City-State-Zip: MIRAMAR FL 33025 City-State-Zip: MIRAMAR FL 33025

TitleDIRECTORTitlePRESIDENTNameSELITSKY, VICTORNameGELLER, ANNA

Address C/O ASSOCIATION SERVICES OF Address C/O ASSOCIATION SERVICES OF

FLORIDA FLORIDA

10112 USA TODAY WAY 10112 USA TODAY WAY

City-State-Zip: MIRAMAR FL 33025 City-State-Zip: MIRAMAR FL 33025

Title VP Title TREASURER

Name CHERKASOV, YURIY Name OLTEAN, ANGELICA

Address C/O ASSOCIATION SERVICES OF Address C/O ASSOCIATION SERVICES OF

FLORIDA FLORIDA 10112 USA TODAY WAY 10112 USA TODAY WAY

City-State-Zip: MIRAMAR FL 33025 City-State-Zip: MIRAMAR FL 33025

Title SECRETARY
Name ZENIN, JANET

Address C/O ASSOCIATION SERVICES OF

FLORIDA

10112 USA TODAY WAY

City-State-Zip: MIRAMAR FL 33025

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANNA GELLER PRESIDENT 04/30/2021