

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725666

FILED
Mar 16, 2020
Secretary of State
2779210930CC

Entity Name: DESOTO PARK CONDOMINIUM ASSOCIATION INC

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:

URIBE, URIEL
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: URIEL URIBE

03/16/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name LEVINE, MAX
Address C/O ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title TREASURER
Name SIMS, BEVERLY
Address C/O ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title SECRETARY, DIRECTOR
Name MARX-CIFORELLI, HELENE
Address C/O ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title PRESIDENT
Name TRAYBER, OLESYA
Address C/O ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title DIRECTOR
Name BARNHART, BETTY
Address C/O ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title DIRECTOR
Name NITULESCU, ELENA ELISA
Address C/O ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title VP
Name ALBU, DANNY
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: OLESYA TRAYBER

PRESIDENT

03/16/2020

