

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725666

**FILED**  
**Feb 25, 2015**  
**Secretary of State**  
**CC2036631174**

**Entity Name:** DESOTO PARK CONDOMINIUM ASSOCIATION INC

**Current Principal Place of Business:**

751 THREE ISLANDS BLVD.  
HALLANDALE, FL 33009

**Current Mailing Address:**

751 THREE ISLANDS BLVD.  
HALLANDALE, FL 33009

**FEI Number:** 59-155524

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STRALEY & OTTO, P.A.  
2699 STIRLING ROAD  
C-207  
FT. LAUDERDALE, FL 33312 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:** CHARLES F. OTTO

02/25/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER, DIRECTOR  
Name           MCGLOHON, MARIA  
Address        751 THREE ISLANDS BLVD.  
City-State-Zip: HALLANDALE FL 33009

Title           PRESIDENT, DIRECTOR  
Name           LEVINE, MAX  
Address        751 THREE ISLANDS BLVD.  
City-State-Zip: HALLANDALE FL 33009

Title           DIRECTOR  
Name           SIMS, BEVERLY  
Address        751 THREE ISLANDS BLVD.  
City-State-Zip: HALLANDALE FL 33009

Title           SECRETARY, DIRECTOR  
Name           MARX-CIFORELLI, HELENE  
Address        751 THREE ISLANDS BLVD.  
City-State-Zip: HALLANDALE FL 33009

Title           DIR  
Name           IMPLIAZZO, CATHY  
Address        751 THREE ISLANDS BLVD.  
City-State-Zip: HALLANDALE FL 33009

Title           VP, DIRECTOR  
Name           BREYTMAN, BORIS  
Address        751 THREE ISLANDS BLVD.  
City-State-Zip: HALLANDALE FL 33009

Title           DIRECTOR  
Name           WEINER, DAVID  
Address        751 THREE ISLANDS BLVD.  
City-State-Zip: HALLANDALE FL 33009

*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:** MAX LEVINE

**PRESIDENT**

02/25/2015

Electronic Signature of Signing Officer/Director Detail

Date