2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 725666

Entity Name: DESOTO PARK CONDOMINIUM ASSOCIATION INC

FILED Mar 23, 2020 Secretary of State 6848166134CC

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 03/23/2020

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

DIRECTOR Title Title **TREASURER**

Name LEVINE, MAX Name NITULESCU, ELENA ELISA

C/O ASSOCIATION SERVICES OF C/O ASSOCIATION SERVICES OF Address Address **FLORIDA FLORIDA**

10112 USA TODAY WAY 10112 USA TODAY WAY

MIRAMAR FL 33025 MIRAMAR FL 33025

City-State-Zip: City-State-Zip:

Title SECRETARY, DIRECTOR Title **PRESIDENT**

MARX-CIFORELLI, HELENE TRAYBER, OLESYA Name Name

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 **DIRECTOR** Title **DIRECTOR** Name BARNHART, BETTY Name LARRY, BUDD

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

FI ORIDA **FLORIDA**

10112 USA TODAY WAY 10112 USA TODAY WAY

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

Title VΡ

ALBU, DANNY Name

Address C/O ASSOCIATION SERVICES OF

FI ORIDA

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.

03/23/2020 SIGNATURE: OLESYA TRAYBER PRESIDENT