

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718660

FILED
Mar 19, 2009
Secretary of State

Entity Name: DESOTO ACRES ASSOCIATION, INC.

Current Principal Place of Business:

2927 59TH ST
SARASOTA, FL 342432445 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 556
TALLEVAST, FL 34270 US

New Mailing Address:

FEI Number: 59-2348682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, SAMUEL E JR
2927 59TH ST
SARASOTA, FL 342432445 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: BYERS, STEVE
Address: 2047 61ST STREET
City-St-Zip: SARASOTA, FL 34243 US

Title: TD () Delete
Name: SMITH, STEPHEN J
Address: 2077 59TH STREET
City-St-Zip: SARASOTA, FL 342432343 US

Title: PD () Delete
Name: MILLER, SAMUEL E JR
Address: 2927 59TH STREET
City-St-Zip: SARASOTA, FL 34243 US

Title: SD () Delete
Name: GLADSTONE, JAMES
Address: 4900 TRAYLOR AVENUE
City-St-Zip: SARASOTA, FL 34234 US

Title: D () Delete
Name: HARVEY, DIANA
Address: 2613 59TH STREET
City-St-Zip: SARASOTA, FL 34243 US

Title: D () Delete
Name: HEERE, ROBERT
Address: 2960 61ST STREET
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEPHEN J. SMITH

TD

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date