

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90105 026 *****61.25

DOCUMENT # 732277

1. Entity Name
DESOTO PARK NORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1926 ATLANTIC SHORES BLVD.,
HALLANDALE FL 33009**

Mailing Address
**1926 ATLANTIC SHORES BLVD.,
HALLANDALE FL 33009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1592441**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EUGENE MCINTYRE
1926 ATLANTIC SHORES BLVD
HALLANDALE FL 33009**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P EUGENE MCINTYRE**
STREET ADDRESS **1901 ATLANTIC SHORES BLVD.**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S SEGAL, LOUIS**
STREET ADDRESS **2001 ATLANTIC SHORES BLVD**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T SIMON, MARION**
STREET ADDRESS **2101 ATLANTIC SHORES BLD., SUITE 109**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V FRANCIS WIEDMAN**
STREET ADDRESS **2001 ATLANTIC SHORES BLVD.**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D PAUL NESSENBERG**
STREET ADDRESS **1001 THREE ISLANDS BLVD.**
CITY-ST-ZIP **HALLANDALE FL**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR BARRY FRANK**
STREET ADDRESS **2101 ATLANTIC SHORES BLVD**
CITY-ST-ZIP **HALLANDALE BEACH, FLA, 33009**

TITLE ☒ Delete
NAME **D GERSHKOTT, PHYLIS**
STREET ADDRESS **2001 ATLANTIC SHORES BLVD**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR Amy Ness**
STREET ADDRESS **1951 ATLANTIC SHORE BLVD TH-15**
CITY-ST-ZIP **HALLANDALE, FLORIDA 33009**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Eugene McIntyre

1/15/03

954-454-3134

CR2E037 (10/02)