

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90079 026 \*\*\*\*61.25

**DOCUMENT # 732375**

1. Entity Name  
**DESOTO TOWNHOUSE HOMEOWNERS' ASSN., INC.**



Principal Place of Business  
**625 DESOTO LANE  
INDIAN HARBOUR BEACH, FL 32937**

Mailing Address  
**625 DESOTO LANE  
INDIAN HARBOUR BEACH, FL 32937**

40053101



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-1896682**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**BECKER & POLIAKOFF, P.A.  
% JOHN CHRISTENSEN, ESQUIRE  
500 WINDERLEY PLACE, SUITE 104  
MAITLAND, FL 32751**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

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 **O'NEILL, MARY ANNE**  
STREET ADDRESS **623 DESOTO LANE**  
CITY-ST-ZIP **INDIAN HARBOUR BEACH, FL 32937**

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

TITLE ☐ Delete  
NAME **RILEY, CAROL**  
STREET ADDRESS **555 DESOTO PKWY.**  
CITY-ST-ZIP **INDIAN HRBR BCH, FL 32937**

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

TITLE ☒ Delete  
NAME **ALLEN, JANET**  
STREET ADDRESS **635 DESOTO LN**  
CITY-ST-ZIP **INDIAN HARBOUR BEACH, FL**

TITLE ☐ Change ☒ Addition  
NAME **ELLEN RUSSELL**  
STREET ADDRESS **627 DESOTO LN**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **SCUDDER, MARTY**  
STREET ADDRESS **636 DESOTO LANE**  
CITY-ST-ZIP **INDIAN HRBR BCH, FL 32937**

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

TITLE ☒ Delete  
NAME **NICKEL, JOHN**  
STREET ADDRESS **624 DESOTO LANE**  
CITY-ST-ZIP **INDIAN HARBOUR BEACH, FL 32937**

TITLE ☐ Change ☒ Addition  
NAME **DICK FRAHN**  
STREET ADDRESS **631 DESOTO LN**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **GRAVEL, FRED**  
STREET ADDRESS **615 DESOTO LANE**  
CITY-ST-ZIP **INDIAN HARBOUR BEACH, FL 32937**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Mary A O'Neill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/06

Date

321-777-2322

Daytime Phone #