

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90078 006 \*\*\*\*61.25

|                                                                   |                                                                                   |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 732375</b>                                          |  |
| 1. Entity Name<br><b>DESOTO TOWNHOUSE HOMEOWNERS' ASSN., INC.</b> |                                                                                   |

|                                                                                         |                                                                             |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business<br><b>625 DESOTO LANE<br/>INDIAN HARBOUR BEACH FL 32937</b> | Mailing Address<br><b>625 DESOTO LANE<br/>INDIAN HARBOUR BEACH FL 32937</b> |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

|                                                                           |                                               |
|---------------------------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---------------------------------------------------------------------------|-----------------------------------------------|

|              |              |                                    |                                                        |
|--------------|--------------|------------------------------------|--------------------------------------------------------|
| City & State | City & State | 4. FEI Number<br><b>59-1896682</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country                                                |



1st MOORE CR2E037 (10/06)

|                                                                                                                                                                                 |                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>BECKER &amp; POLIAKOFF, P.A.<br/>% JOHN CHRISTENSEN, ESQUIRE<br/>500 WINDERLEY PLACE, SUITE 104<br/>MAITLAND FL 32751</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                        |                                                                                                                           |                                                              |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                |                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                        |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------|--------------------------------------------|----------------|------------------|--|-------------|-------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------|------------------------------------------------------------------------------|----------------|---------------|--|-------------|-------------------|--|
| <table border="1"> <tr> <td>NAME</td> <td>T<br/>O'NEILL, MARY ANNE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>623 DESOTO LANE</td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td>INDIAN HARBOUR BEACH FL 32937</td> <td></td> </tr> </table>    | NAME                          | T<br>O'NEILL, MARY ANNE                                                      | <input type="checkbox"/> Delete            | STREET ADDRESS | 623 DESOTO LANE  |  | CITY ST ZIP | INDIAN HARBOUR BEACH FL 32937 |  | <table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td></td> <td></td> </tr> </table>                                                          | NAME |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            | STREET ADDRESS |               |  | CITY ST ZIP |                   |  |
| NAME                                                                                                                                                                                                                                                                                      | T<br>O'NEILL, MARY ANNE       | <input type="checkbox"/> Delete                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                            | 623 DESOTO LANE               |                                                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| CITY ST ZIP                                                                                                                                                                                                                                                                               | INDIAN HARBOUR BEACH FL 32937 |                                                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| NAME                                                                                                                                                                                                                                                                                      |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                            |                               |                                                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| CITY ST ZIP                                                                                                                                                                                                                                                                               |                               |                                                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| <table border="1"> <tr> <td>NAME</td> <td>D<br/>RILEY, CAROL</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>555 DESOTO PKWY.</td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td>INDIAN HRBR BCH FL 32937</td> <td></td> </tr> </table>              | NAME                          | D<br>RILEY, CAROL                                                            | <input type="checkbox"/> Delete            | STREET ADDRESS | 555 DESOTO PKWY. |  | CITY ST ZIP | INDIAN HRBR BCH FL 32937      |  | <table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td></td> <td></td> </tr> </table>                                                          | NAME |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            | STREET ADDRESS |               |  | CITY ST ZIP |                   |  |
| NAME                                                                                                                                                                                                                                                                                      | D<br>RILEY, CAROL             | <input type="checkbox"/> Delete                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                            | 555 DESOTO PKWY.              |                                                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| CITY ST ZIP                                                                                                                                                                                                                                                                               | INDIAN HRBR BCH FL 32937      |                                                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| NAME                                                                                                                                                                                                                                                                                      |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                            |                               |                                                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| CITY ST ZIP                                                                                                                                                                                                                                                                               |                               |                                                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| <table border="1"> <tr> <td>NAME</td> <td>D<br/>RUSSELL, ELLEN</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>627 DESOTO LN</td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td>INDIAN HARBOUR BEACH FL</td> <td></td> </tr> </table>                | NAME                          | D<br>RUSSELL, ELLEN                                                          | <input type="checkbox"/> Delete            | STREET ADDRESS | 627 DESOTO LN    |  | CITY ST ZIP | INDIAN HARBOUR BEACH FL       |  | <table border="1"> <tr> <td>NAME</td> <td>VP</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td></td> <td></td> </tr> </table>                                             | NAME | VP              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS |               |  | CITY ST ZIP |                   |  |
| NAME                                                                                                                                                                                                                                                                                      | D<br>RUSSELL, ELLEN           | <input type="checkbox"/> Delete                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                            | 627 DESOTO LN                 |                                                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| CITY ST ZIP                                                                                                                                                                                                                                                                               | INDIAN HARBOUR BEACH FL       |                                                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| NAME                                                                                                                                                                                                                                                                                      | VP                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                            |                               |                                                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| CITY ST ZIP                                                                                                                                                                                                                                                                               |                               |                                                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| <table border="1"> <tr> <td>NAME</td> <td>VP<br/>SCUDDER, MARTY</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>636 DESOTO LANE</td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td>INDIAN HRBR BCH FL 32937</td> <td></td> </tr> </table> | NAME                          | VP<br>SCUDDER, MARTY                                                         | <input checked="" type="checkbox"/> Delete | STREET ADDRESS | 636 DESOTO LANE  |  | CITY ST ZIP | INDIAN HRBR BCH FL 32937      |  | <table border="1"> <tr> <td>NAME</td> <td>VP<br/>JIM KERAN</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>651 DESOTO LN</td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td>INDIAN HRB BCH FL</td> <td></td> </tr> </table> | NAME | VP<br>JIM KERAN | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | STREET ADDRESS | 651 DESOTO LN |  | CITY ST ZIP | INDIAN HRB BCH FL |  |
| NAME                                                                                                                                                                                                                                                                                      | VP<br>SCUDDER, MARTY          | <input checked="" type="checkbox"/> Delete                                   |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                            | 636 DESOTO LANE               |                                                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| CITY ST ZIP                                                                                                                                                                                                                                                                               | INDIAN HRBR BCH FL 32937      |                                                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| NAME                                                                                                                                                                                                                                                                                      | VP<br>JIM KERAN               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                            | 651 DESOTO LN                 |                                                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| CITY ST ZIP                                                                                                                                                                                                                                                                               | INDIAN HRB BCH FL             |                                                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| <table border="1"> <tr> <td>NAME</td> <td>VP<br/>FRAHN, DICK</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>631 DESOTO LN</td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td>INDIAN HARBOUR BEACH FL 32937</td> <td></td> </tr> </table> | NAME                          | VP<br>FRAHN, DICK                                                            | <input checked="" type="checkbox"/> Delete | STREET ADDRESS | 631 DESOTO LN    |  | CITY ST ZIP | INDIAN HARBOUR BEACH FL 32937 |  | <table border="1"> <tr> <td>NAME</td> <td>D<br/>DAVE NUTT</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>645 DESOTO LN</td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td>IND HAR BCH, FL</td> <td></td> </tr> </table>    | NAME | D<br>DAVE NUTT  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | STREET ADDRESS | 645 DESOTO LN |  | CITY ST ZIP | IND HAR BCH, FL   |  |
| NAME                                                                                                                                                                                                                                                                                      | VP<br>FRAHN, DICK             | <input checked="" type="checkbox"/> Delete                                   |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                            | 631 DESOTO LN                 |                                                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| CITY ST ZIP                                                                                                                                                                                                                                                                               | INDIAN HARBOUR BEACH FL 32937 |                                                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| NAME                                                                                                                                                                                                                                                                                      | D<br>DAVE NUTT                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                            | 645 DESOTO LN                 |                                                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| CITY ST ZIP                                                                                                                                                                                                                                                                               | IND HAR BCH, FL               |                                                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| <table border="1"> <tr> <td>NAME</td> <td>P<br/>GRAVEL, FRED</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>615 DESOTO LANE</td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td>INDIAN HARBOUR BEACH FL 32937</td> <td></td> </tr> </table>          | NAME                          | P<br>GRAVEL, FRED                                                            | <input type="checkbox"/> Delete            | STREET ADDRESS | 615 DESOTO LANE  |  | CITY ST ZIP | INDIAN HARBOUR BEACH FL 32937 |  | <table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td></td> <td></td> </tr> </table>                                                          | NAME |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            | STREET ADDRESS |               |  | CITY ST ZIP |                   |  |
| NAME                                                                                                                                                                                                                                                                                      | P<br>GRAVEL, FRED             | <input type="checkbox"/> Delete                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                            | 615 DESOTO LANE               |                                                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| CITY ST ZIP                                                                                                                                                                                                                                                                               | INDIAN HARBOUR BEACH FL 32937 |                                                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| NAME                                                                                                                                                                                                                                                                                      |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                            |                               |                                                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |
| CITY ST ZIP                                                                                                                                                                                                                                                                               |                               |                                                                              |                                            |                |                  |  |             |                               |  |                                                                                                                                                                                                                                                                                                               |      |                 |                                                                              |                |               |  |             |                   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 MARY A O'NEILL Treasurer 2/17/07 321-777-2322