


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90061 001 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1896682	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. % JOHN CHRISTENSEN, ESQUIRE 500 WINDERLEY PLACE, SUITE 104 MAITLAND, FL 32751				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	T O'NEILL, MARY ANNE 623 DESOTO LANE INDIAN HARBOUR BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALL, DAVE 634 DESOTO LANE INDIAN HARBOUR BEACH FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, CAROL 555 DESOTO PKWY. INDIAN HRBR BCH, FL 32937		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUSSELL, ELLEN 627 DESOTO LN INDIAN HARBOUR BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEREN, JIM 651 DESOTO LANE INDIAN HRBR BCH, FL 32937		TITLE NAME STREET ADDRESS CITY-ST-ZIP	KERRN, JIM	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUTT, DAVE 645 DESOTO LANE INDIAN HARBOUR BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAVEL, FRED 615 DESOTO LANE INDIAN HARBOUR BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
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: <i>Mary Anne O'Neill</i> MARY ANNE O'NEILL			1/15/08		321-777-2322
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>