

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743361

FILED
Apr 09, 2009
Secretary of State

Entity Name: DESOTO SQUARE VILLAS OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

390 US 301 BLVD W
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

4301 32ND ST W. A-20
BRADENTON, FL 34205

New Mailing Address:

FEI Number: 59-1950092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, STEPHEN W
PORGES, HAMLIN, KNOWLES, PROUTY, PA
2200 MANATEE AVE W
BRADENTON, FL 34205 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: D () Delete
Name: OINES, AL
Address: 390 US 301 BLVD. W. #16A
City-St-Zip: BRADENTON, FL 34205

Title: VP () Delete
Name: POLITO, MARGE
Address: 390 US 301 BLVD., W. #21A
City-St-Zip: BRADENTON, FL 34205

Title: PD () Delete
Name: NIXON, ROBERT
Address: 390 UNITED STATES 301 WEST SUITE 18A
City-St-Zip: BRADENTON, FL 34205

Title: D () Delete
Name: WHITE, JAMES
Address: 390 US 301 BLVD W #4D
City-St-Zip: BRADENTON, FL 34205

Title: T () Delete
Name: HEAVENIN, ELIZABETH
Address: 305 US 301 BVLD W 304A
City-St-Zip: BRADENTON, FL 34205

Title: S () Delete
Name: MATHES, BARBARA
Address: 315 30TH AVE. W 212B
City-St-Zip: BRADENTON, FL 34205

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
Name:
Address:
City-St-Zip:

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

Title: S (X) Change () Addition
Name: ARRENDSON, HELEN
Address: 390 US 301 BLVD W #25 D
City-St-Zip: BRADENTON, FL 34205

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: BOB NIXON

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date