

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001014

FILED
Feb 11, 2009
Secretary of State

Entity Name: DESOTO SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

215 WEST FAIRPOINT DRIVE
GULF BREEZE, FL 32561

New Principal Place of Business:

5650 DIXIE DR
SUITE A
PENSACOLA, FL 32503

Current Mailing Address:

215 WEST FAIRPOINT DRIVE
GULF BREEZE, FL 32561

New Mailing Address:

5650 DIXIE DR
SUITE A
PENSACOLA, FL 32503

FEI Number: 13-4320100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYMAN, CASEY
215 WEST FAIRPOINT DRIVE
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

HYMAN, CASEY D
5650 DIXIE DR
SUITE A
PENSACOLA, FL 32503 US

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: CASEY D HYMAN

02/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: HYMAN, CASEY
Address: 215 FAIRPOINT DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: VD () Delete
Name: LOWRY, GARY
Address: 604 NEW WARRINGTON ROAD
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: HYMAN, CASEY D
Address: 5650 DIXIE DR. SUITE A
City-St-Zip: PENSACOLA, FL 32503

Title: VD (X) Change () Addition
Name: LOWRY, GARY
Address: 5650 DIXIE DR. SUITE B
City-St-Zip: PENSACOLA, FL 32503

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: CASEY D HYMAN

PSTD

02/11/2009

Electronic Signature of Signing Officer or Director

Date