

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 10, 2006 8:00 am
Secretary of State

DOCUMENT # N05000010193

1. Entity Name

DESOTO CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2701 GREENDALE AVE
SARASOTA FL 34232

Mailing Address

2701 GREENDALE AVE
SARASOTA FL 34232

2. Principal Place of Business

1022 TOCABAGA LANE

Suite, Apt. #, etc.

3. Mailing Address

1022 TOCABAGA LANE

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

34236

Country

USA

Zip

34236

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

2nd MOORE

CR2E037 (4/06)

6. Name and Address of Current Registered Agent

ROBBINS, LYNN
1022 TOCABAGA LANE
SARASOTA FL 34236

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 6, 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

TITLE PD
NAME FARROW, LYNN R ☐ Delete
STREET ADDRESS 1022 TOCABAGA LANE
CITY - ST - ZIP SARASOTA FL 34236

TITLE VSTD
NAME FARROW, MICHAEL ☐ Delete
STREET ADDRESS 1022 TOCABAGA LANE
CITY - ST - ZIP SARASOTA FL 34236

TITLE VD
NAME CAWLEY, JAMIE ☐ Delete
STREET ADDRESS 2701 GREENDALE AVE
CITY - ST - ZIP SARASOTA FL 34232

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-06 (941) 365-5077