2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2007 8:00 am Secretary of State

DOCUMENT # N11763 1. Entity Name DESEAR'S PLAZA CONDOMINIUM ASSOCIATION, INC.					04	4-19-2007 9	90177 021 ****61	.25
Principal Place of Business 535 13TH ST W BRADENTON, FL 34205 US		Mailing Address 535 13TH ST W BRADENTON, FL 34205 US						
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03282007 C	hg-NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Number 59-268396	68	<u> </u>	plied For of Applicable
Zip	Country	Zip	Co	ountry	5. Certificate of S	tatus Desired	S8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Add	iress of New F	Registered Agent	
MOODY !	OHN H			Name				
MOODY, JOHN H 535 13TH ST W BRADENTON, FL 34205				Street Address (P.O. Box Number is Not Acceptable)				
				City			r ∎ Zip Cod	e
						•	<u> </u>	
	named entity submits this statement fi ions of registered agent.	or the purpose of chang	ing its registe	ereo onice or re(gistered agent, or both, if	i jile state di Fi	londa. Tam lamiliar willi,	anu accepi
SIGNATURE .		st and title if applicable.	(NOTE: Registe	ered Agent signature re	equired when reinstating)		DATE	
SIGNATURE .	Stgnature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007	9. Election	(NOTE: Registe on Campaign Fund Contrib	Financing	equired when remstating) \$5.00 May Be Added to Fees	1	DATE Make check payable trida Department of S	
SIGNATURE .	Stgnature, typed or printed name of registered ager Filling Fee is \$61.25	9. Electi Trust	on Campaign	r Financing oution.	\$5.00 May Be Added to Fees	Flo	Make check payable t	tate
10.	Signature, typed or printed name of registered ages Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D	9. Electi Trust	on Campaign Fund Contrib	n Financing pution.	\$5.00 May Be Added to Fees	Flo	Make check payable trida Department of S	tate
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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 attagment with an address, with all other like empowered.

SIGNATURE: Livertoling De Lancey - Coven do Lyn J. AcLANCEY 4-13-07 941-493-617