
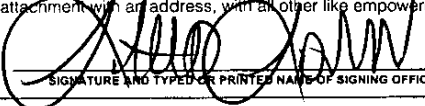


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90191 026 \*\*\*\*61.25

<b>DOCUMENT # N11763</b> 1. Entity Name <b>DESEAR'S PLAZA CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>535 13TH ST W BRADENTON, FL 34205 US</b>			Mailing Address <b>535 13TH ST W BRADENTON, FL 34205 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MOODY, JOHN H 535 13TH ST W BRADENTON, FL 34205</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOODY, JOHN</b>			NAME	
STREET ADDRESS	<b>1537 77TH AVE W</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON, FL 34205</b>			CITY-ST-ZIP	
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELANCEY, GWEN</b>			NAME	
STREET ADDRESS	<b>1942 COVE POINTE DR</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>VENCIE, FL</b>			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIRBY, SIMON B</b>			NAME	
STREET ADDRESS	<b>2119 LASITAVIA DR</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>			CITY-ST-ZIP	
TITLE	<b>TREASURER</b>		<input type="checkbox"/> Delete		
NAME	<b>DM BATTIS #111</b>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>5900 SOUTH TAIMA TRAIL</b>			NAME	
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>			STREET ADDRESS	
TITLE	<b>MICHAEL ZUPPARDO</b>		<input type="checkbox"/> Delete		
NAME	<b>5900 SOUTH TAIMA TRAIL</b>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>SARASOTA, FL 34231</b>			NAME	
CITY-ST-ZIP	<b>SECRETARY</b>			STREET ADDRESS	
TITLE	<b>EDWARD EUBLE</b>		<input type="checkbox"/> Delete		
NAME	<b>5900 SOUTH TAIMA TRAIL</b>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>SARASOTA, FL 34231</b>			NAME	
CITY-ST-ZIP	<b>DIRECTOR</b>			STREET ADDRESS	
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.					
<b>SIGNATURE:</b>  <b>STEVEN SPARKS</b> <b>LCAM 4-17-08 941-387-3443</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					