

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32226

FILED  
Apr 13, 2005  
Secretary of State

Entity Name: DESOTO VILLAGE HOME OWNERS, INC.

## Current Principal Place of Business:

4810 HWY 72 NW  
LOT 302  
ARCADIA, FL 34266 US

## Current Mailing Address:

4810 NW HWY 72  
LOT 302  
ARCADIA, FL 34266 US

## New Principal Place of Business:

4810 HWY 72 NW  
LOT 113  
ARCADIA, FL 34266 US

## New Mailing Address:

4810 NW HWY 72  
LOT 113  
ARCADIA, FL 34266 US

FEI Number: 65-0133133

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUTCHINS, GEORGE W  
4810 HIGH Y NW 72  
UNIT 71  
ARCADIA, FL 34266 US

## Name and Address of New Registered Agent:

FITZGERALD, NANCY  
4810 HIGH Y NW 72  
UNIT 113  
ARCADIA, FL 34266 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: NANCY FITZGERALD

04/13/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FITZGERALD, NANCY  
Address: 4810 NW HWY 72 COT-113  
City-St-Zip: ARCADIA, FL 34266

Title: SD ( ) Delete  
Name: HUNTER, ARGENE  
Address: 4810 HWY 72 NW LOT 171  
City-St-Zip: ARCADIA, FL 34266

Title: TD ( ) Delete  
Name: HUTCHINS, GEORGE W  
Address: 4810 HWY 72 NW LOT 71  
City-St-Zip: ARCADIA, FL 34266

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FITZGERALD, NANCY  
Address: 4810 NW HWY 72 LOT-113  
City-St-Zip: ARCADIA, FL 34266

Title: TSD (X) Change ( ) Addition  
Name: HUNTER, ARGENE  
Address: 4810 HWY 72 NW LOT 79  
City-St-Zip: ARCADIA, FL 34266

Title: VD (X) Change ( ) Addition  
Name: LEBBERT, HAROLD  
Address: 4810 HWY 72 NW LOT 69  
City-St-Zip: ARCADIA, FL 34266

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NANCY FITZGERALD

PRES

04/13/2005

Electronic Signature of Signing Officer or Director

Date