


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

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90227 037 \*\*\*\*61.25

<b>DOCUMENT # N32226</b>			
1. Entity Name <b>DESOTO VILLAGE HOME OWNERS, INC.</b>			
Principal Place of Business <b>4810 HWY 72 NW LOT 79 ARCADIA FL 34266 US</b>		Mailing Address <b>4810 NW HWY 72 LOT 79 ARCADIA FL 34266 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>4810 NW HWY 72 LOT 79</b> Suite, Apt. #, etc.	
City & State		City & State <b>ARCADIA, FL.</b>	
Zip <b>34266</b>	Country <b>DESO TO</b>	Zip <b>34266</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>FITZGERALD, NANCY 4810 HIGH Y NW 72 UNIT 113 ARCADIA FL 34266</b>		7. Name and Address of New Registered Agent Name <b>HUNTER, ARGENE L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4810 N.W. SR 72 LOT 79</b> City <b>ARCADIA</b> FL Zip Code <b>34266</b>	
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: <b>Argene L. Hunter</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>		Secy - TREASURER <small>(NOTE: Registered Agent signature required when reissuing)</small>	
DATE: <b>3-6-06</b>		DATE	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FITZGERALD, NANCY 4810 NW HWY 72 LOT-113 ARCADIA FL 34266 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEBBERT, HAROLD 4810 HWY 72 NW LOT 69 ARCADIA, FL. 34266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD HUNTER, ARGENE 4810 HWY 72 NW LOT 79 ARCADIA FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEBBERT, HAROLD 4810 HWY 72 NW LOT 69 ARCADIA FL 34266 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ACPRINS, WILLIAM H 4810 NW HWY 72 #108 ARCADIA, FL. 34266 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Argene L. Hunter** **3-6-06 863-993-3047**