

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-19-2007 90062 017 ****61.25

DOCUMENT # N32226

1. Entity Name

DESOTO VILLAGE HOME OWNERS, INC.



Principal Place of Business

4810 HWY 72 NW
LOT 79
ARCADIA FL 34266
US

Mailing Address

4810 HWY 72 NW
LOT 79
ARCADIA FL 34266
US

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

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0133133

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNTER, ARGENE L
4810 NW SR 72 #79
ARCADIA FL 34266

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 registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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	<input type="checkbox"/> Delete
NAME	LEBBERT, HAROLD	
STREET ADDRESS	4810 HWY 72 N LOT 69	
CITY- ST- ZIP	ARCADIA FL 34266	
TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	HUNTER, ARGENE	
STREET ADDRESS	4810 HWY 72 NW LOT 79	
CITY- ST- ZIP	ARCADIA FL 34266	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOPKINS, WILLIAM H	
STREET ADDRESS	4810 NW HWY 72 #108	
CITY- ST- ZIP	ARCADIA FL 34266	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	CARR, ROBERT L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4810 HWY 72 NW, LOT 243	
STREET ADDRESS	ARCADIA, FL 34266-9336	
CITY- ST- ZIP		
TITLE	ANDERSON, NILS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4810 HWY 72 NW, LOT 242	
STREET ADDRESS	ARCADIA, FL 34266-9336	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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:

Robert L Carr, Secretary/Treasurer

2/8/07

863-494-6102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #