


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90070 020 \*\*\*\*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</b> <b>LOT 79</b> <b>ARCADIA, FL 34266 US</b>		Mailing Address <b>4810 HWY 72 NW</b> <b>LOT 79</b> <b>ARCADIA, FL 34266 US</b>	
2. Principal Place of Business - No P.O. Box # <b>4810 NW HWY 72</b>		3. Mailing Address <b>4810 NW HWY 72</b>	
Suite, Apt. #, etc. <b>LOT 136</b>		Suite, Apt. #, etc. <b>LOT 136</b>	
City & State <b>ARCADIA FL</b>		City & State <b>ARCADIA FL</b>	
Zip <b>34266</b>		Zip <b>34266</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>65-0133133</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HUNTER, ARGENE L</b> <b>4810 NW SR 72 #79</b> <b>ARCADIA, FL 34266</b>		7. Name and Address of New Registered Agent Name <b>Barbara J. Miller</b> Street Address (P.O. Box Number is Not Acceptable) <b>4810 NW HWY 72, LOT 136</b> City <b>ARCADIA</b> <b>FL</b> 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 <i>Barbara J. Miller</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>3/6/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>LEBBERT, HAROLD</b> <b>4810 HWY 72 N LOT 69</b> <b>ARCADIA, FL 34266</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Harland Fitzgerald</b> <b>4810 NW HWY 72, LOT 113</b> <b>ARCADIA, FL 34266</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD <b>CARR, ROBERT L</b> <b>4810 HWY 72 NW, LOT 243</b> <b>ARCADIA, FL 342669336</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD <b>Barbara J. Miller</b> <b>4810 NW HWY 72, LOT 136</b> <b>ARCADIA, FL 34266</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>ANDERSON, NILS</b> <b>4810 HWY 72 NW, LOT 242</b> <b>ARCADIA, FL 342669336</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	TITLE 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 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.			
SIGNATURE: <i>Barbara J. Miller</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>3/6/08</b> Daytime Phone # <b>863-494-4253</b>	