

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N39624

1. Entity Name  
DE SOTO FARM SUBDIVISION HOMEOWNERS'  
ASSOCIATION, INC.



Principal Place of Business  
4068 DESOTO FARM RD  
TALLAHASSEE, FL 32309

Mailing Address  
4068 DESOTO FARM RD  
TALLAHASSEE, FL 32309

FILED  
05 JUL 29 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07282005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3023860

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KALICKI, DANIEL C  
4068 DESOTO FARM RD  
TALLAHASSEE, FL 32309

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

400058486154  
08/11/05--01050--018 \*\*61.25

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME KALICKI, DANIEL  
STREET ADDRESS 4068 DESOTO FARM ROAD  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE VD  
NAME HODGES, KATHY  
STREET ADDRESS 4020 DESOTO FARM RD  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE TD  
NAME HURTAD, KIM  
STREET ADDRESS 4012 DESOTO FARM ROAD  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Daniel Kalicki*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/05 508-3503

Date

Daytime Phone #