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Jun 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N41011** (0)
1. Corporation Name
DESOTO R.V. PARK OWNERS ASSOCIATION, INC.

Principal Place of Business
**4004 NE BARTON TERR
ARCADIA FL 34266
US**

Mailing Address
**4004 NE BARTON TER
ARCADIA FL 33821
US**



2. Principal Place of Business 21 7895 NE Hwy 17 Suite, Apt. #, etc. 22 City & State 23 Arcadia FL Zip 24 34266	2a. Mailing Address 26 7895 NE Hwy 17 Suite, Apt. #, etc. 27 City & State 28 Arcadia FL Zip 29 34266
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3. Date Incorporated or Qualified 11/29/1990	Applied For Not Applicable
4. FEI Number 65-0232614	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WALDRON, E. E., JR.
301 NORTH BREVARD AVE.
SUITE E
ARCADIA FL 33821**

10. Name and Address of New Registered Agent	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	PINEL, ROLAND
STREET ADDRESS	2000 E. OAK ST.
CITY-ST-ZIP	ARCADIA FL
TITLE	DVT <input type="checkbox"/> DELETE
NAME	BEARDEN, RALPH H JR
STREET ADDRESS	4004 NE BARTON TERR
CITY-ST-ZIP	ARCADIA FL
TITLE	S <input type="checkbox"/> DELETE
NAME	BEARDEN, RALPH H., JR.
STREET ADDRESS	4004 NE BARTOW TER
CITY-ST-ZIP	ARCADIA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ORRIG, VICTOR
STREET ADDRESS	RT. 7, BOX 1900
CITY-ST-ZIP	ARCADIA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lempenau, George
1.3 STREET ADDRESS	2998 NW HWY 70
1.4 CITY-ST-ZIP	Arcadia, FL 34266
2.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pinel, Michelle
2.3 STREET ADDRESS	3550 NE HWY 70
2.4 CITY-ST-ZIP	Arcadia, FL 34266
3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Varner, Gail
3.3 STREET ADDRESS	12865 SW HWY 17
3.4 CITY-ST-ZIP	Arcadia, FL 34266
4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Craig, Sara L.
4.3 STREET ADDRESS	7895 NE HWY 17
4.4 CITY-ST-ZIP	Arcadia, FL 34266
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 05-24-98 (941)494-1820

CR2E037 (10/97)