FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:13

DOCUMENT # 758169 (7)

1. Corporation Name
CLUB DESTIN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1085 HWY. 98 E. DESTIN FL 32541	1085 HWY. 98 E. DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1981
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2283138 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

GLENN, RICHARD
2001 PALM BEACH LAKES BLVD
CAPITAL BANK BLDG, SUITE 200
W PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 16456 NORTH 115 AVENUE
83
84 City: JUPITER FL 85 Zip Code: 33478

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	KOSKEY, ALEX	1.2 NAME	
STREET ADDRESS	1085 U.S. HIGHWAY 98 E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	HAYES, SAMUEL	2.2 NAME	CHARLES ROBERSON
STREET ADDRESS	838 CONYERS STREET	2.3 STREET ADDRESS	273 GULF TERRACE DRIVE
CITY-ST-ZIP	CRESTVIEW FL	2.4 CITY-ST-ZIP	DESTIN, FL 32541
TITLE	PD	3.1 TITLE	PD ☒ Change ☐ Addition
NAME	ABRELL, RAY	3.2 NAME	JOHNNY SANDERS
STREET ADDRESS	781 SPRING LAKE DR	3.3 STREET ADDRESS	2005 GULF TERRACE DRIVE
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	DESTIN, FL 32541
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	CASS, JANET	4.2 NAME	
STREET ADDRESS	754 BENNING DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	4.4 CITY-ST-ZIP	
TITLE	SVD	5.1 TITLE	☐ Change ☐ Addition
NAME	HATTON, MICHAEL	5.2 NAME	
STREET ADDRESS	320 EAST HIGHWAY 98	5.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] PRES 1-25-95 (904) 837-7006
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021461