FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 758169**

CLUB DESTIN CONDOMINIUM ASSOCIATION, INC.

Country

25

Principal Place of Business

Mailing Address

1085 HWY. 98 E. DESTIN FL 32541

21

22

23

24

Zip

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

1085 HWY. 98 E. DESTIN FL 32541

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

FILED Feb 15, 1999 8:00am **Secretary of State**

02-15-1999 90024 040 ****61.25

|--|

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

10/27/1981

59-2283138

4. FEI Number

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
			81	Name					
CONERLY, JR. L				Street	Address (P.O. Box Number is Not Acc	ceptable)			
1234 AIRPORT RD				Juect i	Table of The Box Halling is 1400 Mo				
STE 111									
DESTIN FL 32541			-	Cit.			85 Zip C	ode ·	
5C011111			84	City		F	L 85 Zip C	vue	
office or n agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was auth	norized by	the corpo	corporation submits this statement for pration's board of directors. I hereby a	the purpose accept the ap	of changing its r pointment as reg	egistered istered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Ro	egistered Agen	t signature n	equired when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO	OFFICERS	AND DIRECTOR	RS IN 12	
TITLE	TD	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition	
NAME	KOSKEY, ALEX		1.2 NAME						
STREET ADDRESS	34 COBALT LANE		1.3 STREET	ADDRESS					
CITY-ST-ZIP	DESTIN FL 32541		1.4 CITY-ST	Γ- ZIP					
TITLE	VD	☐ DELETE	2.1 TITLE				Change	Addition	
NAME	KELL, GEORGE		2.2 NAME		,				
STREET ADDRESS	6463 ROBIE RD		2.3 STREET	ADORESS			•		
CITY-ST-ZIP	MILTON FL 32570		2.4 CITY-S	T-ZIP					
TITLE	PD	☐ DELETE	3.1 TITLE				Change	Addition	
NAME	SANDERS, JOHNNY		3.2 NAME	į					
STREET ADDRESS	266 RUTH RD		3.3 STREET	ADDRESS					
CITY+ST+ZIP	FREEPORT FL 32439		3.4. CITY-S	T-ZIP					
TITLE	VD	☐ DELETE	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	r-ZIP			<u> </u>		
TITLE	SVD	☐ DELETE	5.1 TITLE				☐ Change	Addition	
NAME	HATTON, MICHAEL		5.2 NAME						
STREET ADDRESS	320 EAST HIGHWAY 98		5.3 STREET	ADORESS				-	
CITY-ST-ZIP	DESTIN FL		5.4 CITY-ST	Γ- ZIP					
TITLE		☐ DELETE	6.1 TITLE	į		•	Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADORESS					
CITY-ST-ZIP			6.4 CITY- ST						
14. I hereby o	certify that the information supplied with	this filing does not qualify for the	ne exempti	on stated	in Section 119.07(3)(i), Florida Statu ature shall have the same legal effect	tes. I further	certify that the in inder oath: that I	formation am an	

Country

officer or director of the corporation or the receiver or trustee empowered to execute this report as a counted 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable