2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 758169

1. Entity 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

01142005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2283138
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, RAYMOND F JR
348 MIRACLE STRIP PWY
SUITE 7
FORT WALTON BEACH, FL 32548

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	BURDEN, JERRY
STREET ADDRESS	5686 PIN OAK AVENUE
CITY-ST-ZIP	MILTON, FL 32583
TITLE	VD
NAME	KELL, DORIS
STREET ADDRESS	6463 ROBIE RD
CITY-ST-ZIP	MILTON, FL 32570
TITLE	PD
NAME	SANDERS, JOHNNY
STREET ADDRESS	4586 SPINNAKER WAY
CITY-ST-ZIP	ORANGE BEACH, AL 36561
TITLE	SD
NAME	CASS, JANET O
STREET ADDRESS	754 BENNING DR
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	VD
NAME	KARL, CHRISTINE J
STREET ADDRESS	4000 GULF TERRACE 2007
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000191040
01/24/05-80160-003 70.00

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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: _____ DG 1.14.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #