

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758169

FILED
Jan 04, 2008
Secretary of State

Entity Name: CLUB DESTIN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1085 HWY. 98 E.
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

1085 HWY. 98 E.
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-2283138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BURDEN, JERRY
Address: 5686 PIN OAK AVENUE
City-St-Zip: MILTON, FL 32583

Title: VD () Delete
Name: KELL, DORIS
Address: 6463 ROBIE RD
City-St-Zip: MILTON, FL 32570

Title: PD () Delete
Name: SANDERS, JOHNNY
Address: 4586 SPINNAKER WAY
City-St-Zip: ORANGE BEACH, AL 36561

Title: SD () Delete
Name: CASS, JANET O
Address: 754 BENNING DR
City-St-Zip: DESTIN, FL 32541

Title: VD () Delete
Name: KARL, CHRISTINE J
Address: 4000 GULF TERRACE 2007
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY GASPER

DR

01/04/2008

Electronic Signature of Signing Officer or Director

Date