

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 758404 (8)

1. Corporation Name

DESTINY SPRINGS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
ANGELIA GORDON/PROPERTY MGMT. INC. 4030 DIJON DRIVE ORLANDO FL 32808

3. Date Incorporated or Qualified **05/20/1981** 3a. Date of Last Report **06/28/1995**
4. FEI Number **59-2121623** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **CHRISTOPHER KOBACK AGENT**
82 Street Address (P.O. Box Number is Not Acceptable) **90 ANGELIA GORDON PROP MGMT., INC.**
83 **4030 DIJON DRIVE**
84 City **ORLANDO** FL 85 Zip Code **32809**

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

Christopher Koback, Agent

4/28/96

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GOODPASTER, DAVID	
STREET ADDRESS	924-E LAKE DESTINY ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LAZAR, JOHN	
STREET ADDRESS	912-G LAKE DESTINY ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RADULESCU, MIKE	
STREET ADDRESS	111 HAZEL BOULEVARD	
CITY-ST-ZIP	SANFORD FL 32778	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANGELESCU, MIKE	
STREET ADDRESS	111 HAZEL BOULEVARD	
CITY-ST-ZIP	SANFORD FL 32778	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANGELESCU, MIKE	
STREET ADDRESS	910-C LAKE DESTINY ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FARAH, FARID	
STREET ADDRESS	804 LINDENWALD LANE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P/O JOHN LAZAR
2.3 STREET ADDRESS	912-G LK DESTINY DR
2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V/D FRISBIE, KEN
3.3 STREET ADDRESS	922-A LAKE DESTINY ROAD
3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S/D ENOS, FLORENCE
4.3 STREET ADDRESS	924-D LAKE DESTINY ROAD
4.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D SYERUP, VIRGIL
5.3 STREET ADDRESS	954-C LAKE DESTINY DR
5.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	100001863091
6.3 STREET ADDRESS	-06/17/96--01019--0366
6.4 CITY-ST-ZIP	***61.25

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)(k), 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:

JOHN LAZAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JOHN LAZAR** PRESIDENT

4-30-96
Date

862-3555
Daytime Phone #

CR2E037 (12/95)