

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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
ANGELIA GORDON/PROPERTY MGMT. INC. 4030 DIJON DRIVE ORLANDO FL 32808-2226

3. Date Incorporated or Qualified 05/20/1981
3a. Date of Last Report 06/15/1996

2. Principal Place of Business 2a. Mailing Address
21. Destiny Springs Condo Association
22. 928 Lake Destiny Road
23. Altamonte Springs, FL
24. 32714
25. Country
26. Destiny Springs Condo Association
27. 928 Lake Destiny Road
28. Altamonte Springs, FL
29. 32714
30. Country

4. FEI Number 59-2121623
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

9. Name and Address of Current Registered Agent
KOBACK, CHRISTOPHER AGENT
ANGELIA GORDON PROP. MGMT, INC.
4030 DIJON DRIVE
ORLANDO FL 32808

10. Name and Address of New Registered Agent
81. Name ROBIN LIEBMAN
82. Street Address (P.O. Box Number is Not Acceptable) REGENCY PROFESSIONAL MGMT., INC.
83. 407 WEKIVA SPRINGS ROAD, # 213
84. City LONGWOOD
85. Zip Code FL 32779

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LAZAR, JOHN <input type="checkbox"/> DELETE	1.1 TITLE	PD PAUL D. SMEAL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZAR, JOHN	1.2 NAME	PAUL D. SMEAL
STREET ADDRESS	912-G LAKE DESTINY DRIVE	1.3 STREET ADDRESS	4020 BISCAYNE DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	1.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32792
TITLE	VD FRISBIE, KEN <input type="checkbox"/> DELETE	2.1 TITLE	VD VIRGIL SYERUP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRISBIE, KEN	2.2 NAME	VIRGIL SYERUP
STREET ADDRESS	922-A LAKE DESTINY ROAD	2.3 STREET ADDRESS	954-C LAKE DESTINY ROAD
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	SD ENOS, FLORENCE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENOS, FLORENCE	3.2 NAME	
STREET ADDRESS	924-D LAKE DESTINY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	3.4 CITY-ST-ZIP	
TITLE	D SYERUP, VIRGIL <input type="checkbox"/> DELETE	4.1 TITLE	D FRED FARAH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYERUP, VIRGIL	4.2 NAME	FRED FARAH
STREET ADDRESS	954-C LAKE DESTINY DRIVE	4.3 STREET ADDRESS	804 LINDENWALD LANE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	4.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	T FARAH, FARID <input type="checkbox"/> DELETE	5.1 TITLE	T KEN FRISBIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARAH, FARID	5.2 NAME	KEN FRISBIE
STREET ADDRESS	804 LINDENWALD LANE	5.3 STREET ADDRESS	922-A LAKE DESTINY ROAD
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	5.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 3/26/97 DAYTIME PHONE # 0016961

CR2E037 (9/96)