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**FILED**

**Feb 06 1998 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1998**



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  
C/O DESTINY SPRINGS CONDO ASSOCIATION 928 LAKE DESTINY RD. ALTAMONTE SPRINGS FL 32714 US  
C/O DESTINY SPRINGS CONDO ASSOCIATION 928 LAKE DESTINY RD. ALTAMONTE SPRINGS FL 32714 US

3. Date Incorporated or Qualified  
**05/20/1981**

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**

7. Is this nonprofit corporation a homeowners' association?  Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  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 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**LIEBMAN, ROBIN  
REGENCY PROFESSIONAL MGMT INC.  
407 WEKIVA SPRINGS RD., #213  
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	RD- <del>SMEAL, PAUL D</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>4020 BIOCAYNE DRIVE</del>	
STREET ADDRESS	<del>WINTER SPRINGS FL</del>	
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SYERUP, VIRGIL	
STREET ADDRESS	9544-C LAKE DESTINY RD.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ENOS, FLORENCE	
STREET ADDRESS	924-D LAKE DESTINY ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<del>FARAH, FRED</del>	
STREET ADDRESS	<del>804 LINDENWALD LANE</del>	
CITY-ST-ZIP	<del>ALTAMONTE SPRINGS FL</del>	
TITLE	T & VD	<input type="checkbox"/> DELETE
NAME	FRISBIE, KEN	
STREET ADDRESS	922-A LAKE DESTINY RD.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NELSON BARBEITO	
1.3 STREET ADDRESS	960 -D LAKE DESTINY RD.	
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VIRGIL SYERUP	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T & VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KEN FRISBIE	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: VIRGIL SYERUP 1-2-98 788-2107  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012929

CR2E037 (10/97)