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03-01-1999 90097 018 ****61.25

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 758404

1. Corporation Name

DESTINY SPRINGS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

05/20/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2121623

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

29 Zip 30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

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 DELETE
 NAME **D BARBEITO, NELSON**
 STREET ADDRESS **960-D LAKE DESTINY RD**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **PD SYERUP, VIRGIL**
 STREET ADDRESS **9544-C LAKE DESTINY RD.**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **TVD FRISBIE, KEN**
 STREET ADDRESS **924-D LAKE DESTINY ROAD**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **TVD FRISBIE, KEN**
 STREET ADDRESS **922-A LAKE DESTINY RD.**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME **SECTY Florence Enos**
 STREET ADDRESS **924-D Lake Destiny Road**
 CITY-ST-ZIP **Altamonte sprins, FL**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D Sharon Holloway**
 STREET ADDRESS **942E Lake Destniy Road**
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied on this form 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 with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Date] *[Handwritten Phone Number]*
 Date Daytime Phone #

CR2E037 (1/198)