

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90078 029 ****61.25

DOCUMENT # 758404

1. Entity 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 32714-6901
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2121623

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

00007972



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIEBMAN, ROBIN
REGENCY PROFESSIONAL MGMT INC.
407 WEKIVA SPRINGS RD., #205
LONGWOOD FL 32779

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARBEITO, NELSON	
STREET ADDRESS	960-D LAKE DESTINY RD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SYERUP, VIRGIL	
STREET ADDRESS	9544-C LAKE DESTINY RD.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	TVD	<input type="checkbox"/> Delete
NAME	FRISBIE, KEN	
STREET ADDRESS	924-D LAKE DESTINY ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	TVD	<input type="checkbox"/> Delete
NAME	FRISBIE, KEN	
STREET ADDRESS	922-A LAKE DESTINY RD.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ENOS, FLORENCE	
STREET ADDRESS	924-D LAKE DESTINY ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLOWAY, SHARON	
STREET ADDRESS	942E LAKE DESTINY ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jochim, Marcia	
STREET ADDRESS	200 MAITLAND AVE. #101	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701-5529	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* **DATE:** *1/12/00* **DAYTIME PHONE #:** *407 882 107*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)