

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90027 002 \*\*\*\*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  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2121623**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



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., #213**  
**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 **VD**  Delete  
 NAME **RODRIGUEZ, GRACE**  
 STREET ADDRESS **910 D LAKE DESTINY RD.**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE  Change  Addition  
 NAME **(Same)**  
 STREET ADDRESS **(Same)**  
 CITY-ST-ZIP **(Same)**

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

TITLE  Change  Addition  
 NAME **(Same)**  
 STREET ADDRESS **(Same)**  
 CITY-ST-ZIP **(Same)**

TITLE **D**  Delete  
 NAME **BRYANT, CHRISTA**  
 STREET ADDRESS **958 G LAKE DESTINY RD.**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE  Change  Addition  
 NAME **(Same)**  
 STREET ADDRESS **(Same)**  
 CITY-ST-ZIP **(Same)**

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

TITLE  Change  Addition  
 NAME **(Same)**  
 STREET ADDRESS **(Same)**  
 CITY-ST-ZIP **(Same)**

TITLE **S**  Delete  
 NAME **ENOS, FLORENCE**  
 STREET ADDRESS **924-D LAKE DESTINY ROAD**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE  Change  Addition  
 NAME **(Same)**  
 STREET ADDRESS **(Same)**  
 CITY-ST-ZIP **(Same)**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:** *Vincent P. Proffitt* **VINCENT P. PROFFITT, PRESIDENT** **1-09-02** **407-788-2107**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **BOARD OF DIRECTORS** Date Daytime Phone #

CR2E037 (9/01)