

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90044 030 \*\*\*\*61.25

**DOCUMENT # 758404**

1. Entity Name  
**DESTINY SPRINGS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>C/O DESTINY SPRINGS CONDO ASSOCIATION          928 LAKE DESTINY RD.          ALTAMONTE SPRINGS, FL 32714 US</b>	Mailing Address <b>C/O DESTINY SPRINGS CONDO ASSOCIATION          928 LAKE DESTINY RD.          ALTAMONTE SPRINGS, FL 32714 US</b>
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**54009921**



2. Principal Place of Business	3. Mailing Address	01122004	Chg-NP	CR2E037 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For	
City & State	City & State	<b>59-2121623</b>	Not Applicable	
Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>LIEBMAN, ROBIN          REGENCY PROFESSIONAL MGMT INC.          407 WEKIVA SPRINGS RD., #205          LONGWOOD, FL 32779</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

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

<b>Filing Fee is \$61.25          Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, GRACE 910 D LAKE DESTINY RD. ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SYERUP, VIRGIL 9544-C LAKE DESTINY RD. ALTAMONTE SPRINGS, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID Syerup, Virgil 954 C Lake Destiny Rd Altamonte Springs, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, CHRISTA <del>958 G LAKE DESTINY RD.</del> ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TID Malo, Victor <del>954 E Lake Destiny Rd</del> Altamonte Springs FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CREAN, JOSEPH 906-G LAKE DESTINY RD. ALTAMONTE SPRINGS, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID Crean, Joseph 906 C Lake Destiny Rd Altamonte Springs, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ENOS, FLORENCE 924-D LAKE DESTINY ROAD ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Virgil P. Syerup* **VIRGIL P. SYERUP** **2-19-04** **407-786-5100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #