

# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 12 AM 9:29



<b>DOCUMENT # 758404</b> 1. Entity Name <b>DESTINY SPRINGS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business C/O DESTINY SPRINGS CONDO ASSOCIATION 928 LAKE DESTINY RD. ALTAMONTE SPRINGS, FL 32714 US		Mailing Address C/O ATTWOOD-PHILLIPS INC. 1350 ORANGE AVE, STE 100 WINTER PARK, FL 32789			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>c/o O'Baker &amp; Company</b>  Suite, Apt. #, etc. <b>2250 Lucien Way, Ste 120</b>		07052005 Chg-NP CR2E037 (10/03)	
City & State Altamonte Springs, FL		City & State <b>Maitland, Florida</b>		4. FEI Number 59-2121623	
Zip Country		Zip <b>32751-7014</b>		Country <b>Seminole</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  PHILLIPS, ROGER V ATTWOOD-PHILLIPS INC. 1350 ORANGE AVE., STE 100 WINTER PARK, FL 32789			<b>7. Name and Address of New Registered Agent</b> Name <b>Clyde E. O'Baker</b> Street Address (P.O. Box Number is Not Acceptable) <b>2250 Lucien Way</b> <b>Suite 120</b> City <b>Maitland</b> FL Zip Code <b>32751-7014</b>		
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 <small>Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				07/05/05 <small>DATE</small>	
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE PD NAME SANTIAGO, MANUEL STREET ADDRESS 912-A LAKE DESTINY ROAD CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete		TITLE D NAME Paul Hildreth STREET ADDRESS 948-E Lake Destiny Rd CITY-ST-ZIP Altamonte Springs, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME POPE, CHERYL STREET ADDRESS 938-D LAKE DESTINY ROAD CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete		TITLE - NAME - STREET ADDRESS - CITY-ST-ZIP -	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME BARR, DAVID STREET ADDRESS 906-B LAKE DESTINY ROAD CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Laila Britos STREET ADDRESS 4044 W LAke Mary Blvd PMB #242 CITY-ST-ZIP Lake Mary, FL 32746-2012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME TODARO, TONY STREET ADDRESS 956-G LAKE DESTINY ROAD CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete		TITLE VP S D NAME - STREET ADDRESS - CITY-ST-ZIP -	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DIXON, LAURA STREET ADDRESS 944-B LAKE DESTINY ROAD CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete		TITLE Dixon, Carl NAME - STREET ADDRESS - CITY-ST-ZIP -	<input checked="" 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:** Director 7-7-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 407-339-1210  
Daytime Phone #