

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 07, 2009
Secretary of State**

DOCUMENT# 758404

Entity Name: DESTINY SPRINGS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**728 LAKE DESTINY ROAD
ALTAMONTE SPRINGS, FL 32714 US**New Principal Place of Business:****Current Mailing Address:**728 LAKE DESTINY ROAD
ALTAMONTE SPRINGS, FL 32714 US**New Mailing Address:**

FEI Number: 59-2121623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ALL ABOUT MANAGEMENT
206 ELM AVENUE
SANFORD, FL 32771 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: PRES () Delete
Name: MINOR, ARTHUR
Address: 6856 MOORHEN CIRCLE
City-St-Zip: ORLANDO, FL 32710Title: VP () Delete
Name: MARZIANO, JOHN A
Address: 2440 AZZURA LANE
City-St-Zip: OCOEE, FL 32761Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: BOD () Change (X) Addition
Name: HUTCHINSON III, CLAYTON
Address: 956_ LAKE DESTINY ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714Title: BOD () Change (X) Addition
Name: PLANK, LOUIS A
Address: 942-D LAKE DESTINY ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELIA L. GORDON

RA

05/07/2009

Electronic Signature of Signing Officer or Director_____
Date