

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758404

FILED  
Jan 23, 2011  
Secretary of State

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

**Current Principal Place of Business:**

928 LAKE DESTINY ROAD  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1569  
SANFORD, FL 32772 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 S.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  
Name: MARKU, KASTRIOT  
Address: P.O. BOX 1569  
City-St-Zip: SANFORD, FL 32772

Title: VP  
Name: PLANK, LUIS A  
Address: P.O. BOX 1569  
City-St-Zip: SANFORD, FL 32772

Title: BOD  
Name: LINDSAY, BRENDA  
Address: P. O BOX 1569  
City-St-Zip: SANFORD, FL 32772

Title: BOD  
Name: JESSE, SHARON  
Address: P.O. BOX 1569  
City-St-Zip: SANFORD, FL 32772

Title: BOD  
Name: THOMPSON, LYNN  
Address: P.O. BOX 1569  
City-St-Zip: SANFORD, FL 32772

I hereby 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 all other like empowered.

SIGNATURE: ANGELIA L. GORDON

RA

01/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date