

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90098 034 ****61.25

DOCUMENT # N05377 1. Entity Name DESTIN YACHT CLUB OWNERS ASSOCIATION, INC.					
Principal Place of Business 320 HARBOR BLVD DESTIN, FL 32541 US			Mailing Address 320 HARBOR BLVD DESTIN, FL 32541 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2653298	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MCLAUGHLIN, MICHAEL 320 HARBOR BLVD DESTIN, FL 32541				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HANEY, PATRICK PO BOX 145 ELBA, AL 36323	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRYAN, TOM 5601 CROSS GATE DR ATLANTA, GA 30327	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLAUGHLIN, MICHAEL 8731 BAYOU CASTELLE GAUTIER, MS 39553	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOPER, DAVID 5417 FOREST SPRINGS DRIVE DUNWOODY, GA 30338	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACE, GIL PO BOX 6753 AMERICUS, GA 31709	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A.S. Chester Tanski 3970 Indian Trail Destin FL 32541	☐ Change ☒ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Chester Tanski</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<i>1/15/07</i> <i>850-654-1084</i> Date Daytime Phone #					