

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90054 024 \*\*\*\*61.25

**DOCUMENT # N93000001913**

1. Entity Name

**DESTIN POINTE OWNERS' ASSOCIATION, INC.**

Principal Place of Business

**480 GULFSHORE DRIVE  
 DESTIN FL 32541**

Mailing Address

**480 GULFSHORE DRIVE  
 N  
 DESTIN FL 32541  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3181518**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRAEMER, MARY K  
 727 HIGHWAY 98 EAST  
 STE. 200  
 DESTIN FL 32541**

Name **Mary K. Kraemer**  
 Street Address (P.O. Box Number is Not Acceptable)  
**607 East Hwy 98**  
 City **Destin, FL** Zip Code **32541**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HERRINGTON, PHIL	
STREET ADDRESS	111 CENTER SUITE 1600	
CITY-ST-ZIP	LITTLE ROCK AR	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENT, CHRIS	
STREET ADDRESS	10 W SHALLOWS DR	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOAR, JOYCE	
STREET ADDRESS	2204 NAYLOR ROAD	
CITY-ST-ZIP	HUNTSVILLE AL 35801	
TITLE	D	<input type="checkbox"/> Delete
NAME	HESTER, RANDY	
STREET ADDRESS	1305 BIG LOVE	
CITY-ST-ZIP	HUNTSVILLE AL 35801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peggy Wise	
STREET ADDRESS	823 Tarpon Dr	
CITY-ST-ZIP	Ft. Walton, FL 32548	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Burk Seymour	
STREET ADDRESS	480 Gulf Shore Drive	
CITY-ST-ZIP	Destin, FL 32541	

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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/02

850-837-4800

CR2E037 (9/01)