

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90062 030 ****61.25

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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

50002920



01072005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

KRAEMER, MARY K
4475 LEGENDARY DRIVE
DESTIN, FL 32541

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IN THIS SPACE**

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TROJAN, TERRY
STREET ADDRESS	3516 OLD DAWSON
CITY-ST-ZIP	ALBANY, GA 31721
TITLE	D
NAME	WISE, PEGGY
STREET ADDRESS	823 TARPON DR
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	D
NAME	HESTER, RANDY
STREET ADDRESS	1305 BIG COVE
CITY-ST-ZIP	HUNTSVILLE, AL 35801
TITLE	D
NAME	KENT, CHRIS
STREET ADDRESS	10 W. SHALLOWS DRIVE
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	S
NAME	MYLER, STEVE
STREET ADDRESS	480 GULF SHORE DRIVE
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	V
NAME	RICKETTS, RICK
STREET ADDRESS	3581 WAVERLY CIRCLE
CITY-ST-ZIP	DESTIN, FL 32541

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #