2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

R.G. Bicketts President

May 03, 2007 8:00 am Secretary of State DOCUMENT # N93000001913 05-03-2007 90051 034 ****61.25 DESTIN POINTE OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 40103441 480 GULFSHORE DRIVE 205 BROOKS ST, STE 201 DESTIN, FL 32541 FORT WALTON BEACH, FL 32548 2. Principal Place of Business - No P.O. Box # 480 EQUIF Shore Drive 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302007 Chq-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-3181518 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Michael & Kont KRAEMER, MARY K Street Address (P.O. Box Number is Not Acceptable) 4475 LEGENDARY DRIVE **DESTIN, FL. 32541** 205 Brooks St. Ste 201 city Fort Walton Brach ent for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept The above named entity submits the obligations of registered 4130107 SIGNATURE Signature, typed or printeg and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS VPD TITLE ☐ Delete TITLE ☐ Addition CHAPPELL, RICK NAME NAME 480 GUIF Shore Drive STREET ADDRESS 569 MIDWAY CIR STREET ADDRESS Destro FL 32541 CITY-ST-ZIP CITY-ST-ZIP BRENTWOOD, TN 37027 Delete SD ☐ Change Addition TITLE JJ Chambers NAME ANDERSON, KAY NAME 480 Gulf Shore Drive 6480 S OAK SHADOWS CIR STREET ADDRESS STREET ADDRESS Destro FL 31541 CITY-ST-ZIP MEMPHIS, TN 38119 CITY-ST-ZIP TH Change ☐ Addition TITLE ☐ Delete TITLE HESTER, RANDY NAME 4RC GUH Shore Drive STREET ADDRESS 1305 BIG COVE STREET ADDRESS Desma R 32541 CITY-ST-ZIP HUNTSVILLE, AL 35801 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE SMITH, MARK NAME 480 Gulf Shore Orive STREET ADDRESS 3311 ORLEANS DR STREET ADDRESS Desiri FL 32541 CITY-ST-ZIP NASHVILLE, TN 37212 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITI F 480 Gulf Shore Drive ARMSTRONG, JOLENE NAME NAME STREET ADDRESS STREET ADDRESS 83 BERACUDA DOSTIN FL 31541 DESTIN, FL 32541 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ■ Addition TITLE 430 Gulf Shore Drive RICKETTS, RICK NAME 3561 WAVERLY CIR STREET ADDRESS STREET ADDRESS Destro FL 32541 CITY-ST-ZIP DESTIN, FL 32541 12. I hereby certify that the information supplied with this filling 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.

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # N93000001913 DESTIN POINTE OWNERS' ASSOCIATION, INC. ÁTTACHMENT Principal Place of Business Mailing Address **480 GULFSHORE DRIVE** 205 BROOKS ST, STE 201 DESTIN, FL 32541 FORT WALTON BEACH, FL 32548 40103441 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3181518 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRAEMER, MARY K Street Address (P.O. Box Number is Not Acceptable) 4475 LEGENDARY DRIVE DESTIN, FL 32541 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) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. VPD Addition ☐ Change TITLE **P**elete Daniel Clements 480 Gulf Share Drive CHAPPELL, RICK MAN NAME 569 MIDWAY CIR STREET ADDRESS STREET DRESS Destro FL 32541 BRENTWOOD, TN 37027 CITY-ST-ZIP CITY-ST-ZI ☐ Change Addition TITLE ☐ Delete TITLE John Blue Shore Delve ANDERSON, KAY NAME NAME 6480 SOAK SHADOWS CIR STREET ADDRESS STREET ADDRESS Dashn & 32541 **MEMPHIS TN 38119** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Tom Alison HESTER, RAND NAME NAME 480 Gulf Shore Onve 1305 BIG COVE STREET ADDRESS STREET ADDRESS DOSTN FL 37541 CITY-ST-ZIP HUNTSVILLE, AL 33 CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE SMITH, MARK NAME NAME 3311 ORLEANS DR STREET ADDRESS STREET ADDRESS NASHVILLE, TN 37212 CITY-ST-ZIP City-St-ZIP Addition ☐ Change TITLE ☐ Delete ARMS RONG, JOLENE NAME 83 BERACUDA STREET ADDRESS STREET ADDRESS STIN, FL 32541 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE 🕽 Delete TITLE RICKETTS, RICK NAME NAME 3561 WAVERLY CIR STREET ADDRESS STREET ADDR CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP 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 embowered 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.

Daytime Phone #