
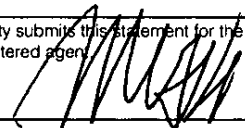
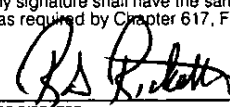



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90051 034 ****61.25

| | | | | | |
|--|--|--|---|--|--|
| DOCUMENT # N93000001913 1. Entity Name DESTIN POINTE OWNERS' ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 480 GULF SHORE DRIVE DESTIN, FL 32541 | | | Mailing Address 205 BROOKS ST, STE 201 FORT WALTON BEACH, FL 32548 US | | |
| 2. Principal Place of Business - No P.O. Box # 480 Gulf Shore Drive | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3181518 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | | Country | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent KRAEMER, MARY K 4475 LEGENDARY DRIVE DESTIN, FL 32541 | | | | 7. Name and Address of New Registered Agent Name Michael G Kent Street Address (P.O. Box Number is Not Acceptable) 205 Brooks St, Ste 201 City Fort Walton Beach FL Zip Code 32548 | |
| 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  | | | | DATE 4/30/07 | |
| 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. <input type="checkbox"/> | | \$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 | VPD CHAPPELL, RICK 569 MIDWAY CIR BRENTWOOD, TN 37027 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 480 Gulf Shore Drive Destin FL 32541 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ANDERSON, KAY 6480 S OAK SHADOWS CIR MEMPHIS, TN 38119 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD JJ Chambers 480 Gulf Shore Drive Destin FL 32541 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HESTER, RANDY 1305 BIG COVE HUNTSVILLE, AL 35801 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 480 Gulf Shore Drive Destin FL 32541 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SMITH, MARK 3311 ORLEANS DR NASHVILLE, TN 37212 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 480 Gulf Shore Drive Destin FL 32541 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARMSTRONG, JOLENE 83 BERACUDA DESTIN, FL 32541 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 480 Gulf Shore Drive Destin FL 32541 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RICKETTS, RICK 3561 WAVERLY CIR DESTIN, FL 32541 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 480 Gulf Shore Drive Destin FL 32541 |
| 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: R.G. Bicketts, President  | | | | 5/1/07 850-654-9820 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # | |

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3181518 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KRAEMER, MARY K 4475 LEGENDARY DRIVE 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 | | |
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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD CHAPPELL, RICK 569 MIDWAY CIR BRENTWOOD, TN 37027 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Daniel Clements 480 Gulf Shore Drive Destin FL 32541 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ANDERSON, KAY 6480 S OAK SHADOWS CIR MEMPHIS, TN 38119 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D John Blue 480 Gulf Shore Drive Destin FL 32541 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HESTER, RANDY 1305 BIG COVE HUNTSVILLE, AL 35891 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Tom Allison 480 Gulf Shore Drive Destin FL 32541 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SMITH, MARK 3311 ORLEANS DR NASHVILLE, TN 37212 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARMSTRONG, JOLENE 83 BERACUDA DESTIN, FL 32541 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RICKETTS, RICK 3561 WAVERLY CIR DESTIN, FL 32541 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date Daytime Phone #</small> | | | | | |

ATTACHMENT

40103441