

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001913

Entity Name: DESTIN POINTE OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**480 GULF SHORE DRIVE
DESTIN, FL 32541**Current Mailing Address:**C/O PROGRESSIVE MANAGEMENT OF AMERICA, INC.
970 GULF SHORE DRIVE
DESTIN, FL 32541 US**FEI Number:** 59-3181518**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PROGRESSIVE MANAGEMENT OF AMERICA INC
970 GULF SHORE DRIVE
DESTIN, FL 32541 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR
Name BLUE, JOHN
Address 970 GULF SHORE DRIVE
City-State-Zip: DESTIN FL 32541

Title DIRECTOR
Name MURPHY, MIKE
Address 970 GULF SHORE DRIVE
City-State-Zip: DESTIN FL 32541

Title DIRECTOR
Name FLIPPO, TRACY
Address 970 GULF SHORE DRIVE
City-State-Zip: DESTIN FL 32541

Title TREASURER
Name FRIAR, LEAH
Address 970 GULF SHORE DRIVE
City-State-Zip: DESTIN FL 32541

Title DIRECTOR
Name MCDONALD, BILL
Address 970 GULF SHORE DRIVE
City-State-Zip: DESTIN FL 32541

Title PRESIDENT
Name LEMASTERS, REID
Address 970 GULF SHORE DRIVE
City-State-Zip: DESTIN FL 32541

Title SECRETARY
Name GROVES, BILL
Address 970 GULF SHORE DRIVE
City-State-Zip: DESTIN FL 32541

Title DIRECTOR
Name HERRLINGER, HARRY
Address 970 GULF SHORE DRIVE
City-State-Zip: DESTIN FL 32541

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: REID LEMASTERS**PRESIDENT****03/08/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date