2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706130

FILED Apr 22, 2009 Secretary of State

Entity Name: DESTIN WATER USERS, INC.

	Principal Place of Business:	New Principal Plac	e of Business:	
135 BENN DESTIN, F	NING DR FL 32541 US			
Current N	Nailing Address:	New Mailing Addre	ss:	
P.O. BOX DESTIN, F	308 FL 325400308 US			
El Number	r: 59-1082116 FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
ame and	d Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
5 BAY H	LD, RICHARD AVEN CT. R, FL 32541 US			
	e named entity submits this statement for the pu e of Florida.	rpose of changing its register	ed office or registered agent, or both,	
IGNATU	RE:			
	Electronic Signature of Registered Agen	t	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
itle: ame: ddress: ity-St-Zip:	ST () Delete DAVID, DONALD W 4737 PAPAYA PARK DESTIN, FL 32541	Title: Name: Address: City-St-Zip:	() Change () Addition	
tle: ame:	D () Delete WERNET, LOCKWOOD	Title: Name: Address:	() Change () Addition	
ddress: ity-St-Zip:	931 HWY 98 E DESTIN, FL 32541	City-St-Zip:		
ddress: ity-St-Zip: tle: ame: ddress:		City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition	
ddress:	DESTIN, FL 32541 D () Delete LINK, JIM 15 WEEKEWACHEE CR	Title: Name: Address:	() Change () Addition () Change () Addition	
ddress: ity-St-Zip: tle: ame: ddress: ity-St-Zip: tle: ame: ddress:	DESTIN, FL 32541 D () Delete LINK, JIM 15 WEEKEWACHEE CR DESTIN, FL 32541 V () Delete NAJARIAN, JERRY 130 CALHOUN AVE	Title: Name: Address: City-St-Zip: Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS WEIDENHAMER P 04/22/2009