

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758342

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE GULFSHORE CONDOMINIUM ASSOCIATION OF DESTIN, INC.

Current Principal Place of Business:

514 GULFSHORE DRIVE
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

514 GULFSHORE DRIVE
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-2103674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, BUTLER R
#5 MAGNOLIA DRIVE
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ISBELL, MIKE
Address: 514 GULFSHORE DRIVE
City-St-Zip: DESTIN, FL 32541

Title: VD () Delete
Name: JORDAN, JOHN P
Address: 514 GULFSHORE DRIVE 304
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: BREAU, JIM
Address: 154 ANNE BELLE LN
City-St-Zip: CLEVELAND, TN 37312

Title: TD () Delete
Name: WORRELL, ALAN
Address: 3326 BOXWOOD DR
City-St-Zip: MONTGOMERY, AL 36111

Title: PD () Delete
Name: COHEN, M. RICHARD
Address: 514 GULFSHORE DRIVE
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD COHEN

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date