

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758404

FILED
Apr 18, 2012
Secretary of State

Entity Name: DESTINY SPRINGS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

928 LAKE DESTINY ROAD
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1569
SANFORD, FL 32772 US

New Mailing Address:

FEI Number: 59-2121623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL ABOUT MANAGEMENT
206 S.ELM AVENUE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

ALL ABOUT MANAGEMENT, INC
206 S.ELM AVENUE
SANFORD, FL 32771 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: ANGELIA L GORDON

04/18/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P,S
Name: MARKU, KASTRIOT
Address: P.O. BOX 1569
City-St-Zip: SANFORD, FL 32772

Title: T,VP
Name: PLANK, LUIS A
Address: P.O. BOX 1569
City-St-Zip: SANFORD, FL 32772

Title: D
Name: LINDSAY, BRENDA
Address: P. O BOX 1569
City-St-Zip: SANFORD, FL 32772

Title: D
Name: JESSE, SHARON
Address: P.O. BOX 1569
City-St-Zip: SANFORD, FL 32772

Title: D
Name: THOMPSON, LYNN
Address: P.O. BOX 1569
City-St-Zip: SANFORD, FL 32772

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: KASTRIOT MARKU

PRES

04/18/2012

Electronic Signature of Signing Officer or Director

Date