

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90035 010 \*\*\*\*61.25

**DOCUMENT # 758802**

1. Entity Name  
**DESTIN SANDS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
25 WALTER MARTIN DR.  
FT. WALTON BCH., FL 32548 US

Mailing Address  
P. O. BOX 748  
SHALIMAR, FL 32579 US

**60006417**



2. Principal Place of Business - No P.O. Box #  
**705 Gulf Shore Dr.**

3. Mailing Address  
**P.O. Box 748**

Suite, Apt. #, etc.  
**Unit 303**

Suite, Apt. #, etc.  
**Shalimar, FL**

City & State  
**Destin FL**

City & State  
**Shalimar FL**

Zip  
**32541**

Country  
**USA**

Zip  
**32579**

Country  
**USA**

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2205449**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GRIMSLEY, JAMES W**  
**25 WALTER MARTIN ROAD**  
**FT WALTON BEACH, FL 32548**

**7. Name and Address of New Registered Agent**

Name  
**John M. Burns**

Street Address (P.O. Box Number is Not Acceptable)  
**705 Gulf Shore Dr. #303**

City  
**Destin**

FL Zip Code  
**32541**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remaining)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	BURNS, JOHN	
STREET ADDRESS	705 GULF SHORE DR UNIT 303	
CITY-ST-ZIP	DESTIN, FL 325413160	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SNEED, BRYANT S III	
STREET ADDRESS	6823 BEAVER TRAIL	
CITY-ST-ZIP	MIDLAND, GA 318203724	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BURNS, ZELDA	
STREET ADDRESS	705 GULF SHORE DRIVE UNIT #303	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIMSLEY, BENTON E	
STREET ADDRESS	705 GULF SHORE DR UNIT 103	
CITY-ST-ZIP	DESTIN, FL 325415406	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RILEY, CHRISTOPHER M	
STREET ADDRESS	705 GULF SHORE DRIVE UNIT #302	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/12/07** **850-974-6767**