

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 758802

1. Entity Name
DESTIN SANDS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**705 GULF SHORE DRIVE
UNIT 303
DESTIN, FL 32541 US**

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



01192008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2205449	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BURNS, JOHN M
705 GULF SHORE DRIVE # 303
DESTIN, FL 32541**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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02/12/08-80031-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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

RES. JOHN M BURNS

1/25/08 850-974-6767

Date

Daytime Phone #