2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758802

FILED Jan 18, 2009 Secretary of State

Entity Name: DESTIN SANDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:		
Current Finicipal Flace of Business.			New Fillicipal Flac	e of Business.	
705 GULF: UNIT 303	SHORE DRIN	E			
DESTIN, F	L 32541 l	JS			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P. O. BOX SHALIMAF	748 R, FL 32579	US			
FEI Number:	: 59-2205449	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
BURNS, J 705 GULF DESTIN, F	SHORE DRI\				
	named entity e of Florida.	submits this statement for the p	urpose of changing its register	red office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BURNS, JOH	ORE DR UNIT 303	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP (SNEED, BRY/ 6823 BEAVER MIDLAND, GA	RTRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BURNS, ZELĪ	ORE DRIVE UNIT #303	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GRIMSLEY, E	DRE DR UNIT 103	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RILEY, CHRIS	ORE DRIVE UNIT #302	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JOHN M. BURNS PRES 01/18/2009