2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State
01-20-2005 90020 015 ***150.00

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1. Entity Name
DESTIN POINTE REALTY, INC.

Principal Place of Business	Mailing Address
480 GULF SHORE DR DESTIN, FL 32541 US	480 GULF SHORE DR DESTIN, FL 32541 US

66002276

01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-0868451
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MYLER, STEPHEN J,GEN.MGR.
480 GULF SHORE DR
DESTIN, FL 32541

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BUNYARD, P. STEPHEN
STREET ADDRESS	480 GULF SHORE DR
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	VP
NAME	WINKELER, JOE A
STREET ADDRESS	480 GULF SHORE DR
CITY-ST-ZIP	DESTIN, FL 32550
TITLE	ST
NAME	MYLER, STEPHEN J
STREET ADDRESS	449 SHORE DR
CITY-ST-ZIP	DESTIN, FL 32550
TITLE	AS
NAME	MARCUS, ELLIOT
STREET ADDRESS	4447 COMMONS DRIVE EAST SUITE 110
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: Steve Myler Secretary 2/14/05 850 837 4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #