


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90162 030 \*\*\*150.00

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # M70606</b><br>1. Entity Name<br><b>DESTIN POINTE REALTY, INC.</b>  |   |   |  |                |  |
| Principal Place of Business<br><b>480 GULF SHORE DR<br/>DESTIN, FL 32541 US</b>  |   |   | Mailing Address<br><b>480 GULF SHORE DR<br/>DESTIN, FL 32541 US</b>  |   |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |   |  |
| City & State   |   | City & State  |  |   |  |
| Zip  | Country   | Zip   | Country  | 4. FEI Number<br><b>57-0868451</b>  |  |
|  |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
|  |   |   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |   |   | 7. Name and Address of New Registered Agent  |   |  |
| <b>MYLER, STEPHEN J GEN MGR<br/>480 GULF SHORE DR<br/>DESTIN, FL 32541</b>   |   |   | Name<br><b>Donna Watson, Treasurer</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>480 Gulf Shore Dr.</b><br>City<br><b>Destin</b> FL Zip Code<br><b>32541</b> |   |  |
| 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.<br>SIGNATURE <u>Donna Watson, Treasurer</u> DATE <u>4-12-06</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD<br/>BUNYARD, P. STEPHEN<br/>480 GULF SHORE DR<br/>DESTIN, FL 32541</b>            | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Pres/ Sec/ Dir<br/>P. Stephen Bunyard<br/>480 Gulf Shore Dr.<br/>Destin, FL 32541</b> |
|  |   |   |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP<br/>WINKLER, JOE A<br/>480 GULF SHORE DR<br/>DESTIN, FL 32550</b>                 | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Treasurer<br/>Donna Watson<br/>480 Gulf Shore Dr.<br/>Destin, FL 32541</b>            |
|  |   |   |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>ST<br/>MYLER, STEPHEN J<br/>449 SHORE DR<br/>DESTIN, FL 32550</b>                    | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
|  |   |   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>AS<br/>MARCUS, ELLIOT<br/>4447 COMMONS DRIVE EAST SUITE 110<br/>DESTIN, FL 32541</b> | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
|  |   |   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
|  |   |   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
|  |   |   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 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 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: <u>Donna Watson, Treasurer</u> DATE <u>4-12-06</u> 850-837-4800<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   |  |   |  |