


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90084 004 \*\*\*\*61.25

<b>DOCUMENT # N00000003240</b> 1. Entity Name <b>DESTIN WEST BEACH AND BAY RESORT COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>1515 MIRACLE STRIP PKWY FT. WALTON BEACH, FL 32548</b>			Mailing Address <b>1515 MIRACLE STRIP PKWY SUITE 200 FT. WALTON BEACH, FL 32548</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>SHAW, LYNDA 1515 MIRACLE STRIP PKWY. STE 200 FT. WALTON BEACH, FL 32548</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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.  <div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE <i>Lynnda Shaw</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: right;"> <b>1-9-2008</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>DVP</b> <b>SOBOLEWSKI, ZIGGY</b> <b>693 MAPLE STREET</b> <b>MANDEVILLE, LA</b>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>President</b> <b>Sobolewski, Ziggy</b> <b>693 Maple St.</b> <b>Mandeville, LA 70448</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>DT</b> <b>GRIFFIN, CAROL</b> <b>4705 RENDEZVOUS COVE</b> <b>DESTIN, FL 32541</b>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>VICE PRESIDENT</b> <b>Peterson, Glenn</b> <b>2631 Gladstone Terrace</b> <b>Woodstock GA 30189</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>DP</b> <b>PETERSON, GLENN</b> <b>2631 GLADSTONE TERRACE</b> <b>WOODSTOCK, GA 30189</b>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>Director</b> <b>Wallace, Dave</b> <b>533 Golf Course Dr.</b> <b>Niceville, FL 32578</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>DS</b> <b>ENDRENYI, FRANK</b> <b>1684 TANNER CIRCLE</b> <b>ACWORTH, GA 30101</b>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>Director</b> <b>Alford, Marcy</b> <b>4463 Mt. Royal Blvd</b> <b>Allison Park PA 15101</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>D</b> <b>BLOMQUIST, MARV</b> <b>10529 TIMBERWOOD CR. STE. E.</b> <b>LOUISVILLE, KY 40223</b>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>D</b> <b>COBERN, GERALD</b> <b>2281 BIBBVILLE RD</b> <b>WOODSTOCK, GA 35118</b>	<input checked="" type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<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 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.					
<b>SIGNATURE:</b> <i>Carol Griffin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1-9-2008</b> <small>Date Daytime Phone #</small>		

40002473



01082008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**02-0548508**  
Applied For  
Not Applicable

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