2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008209

FILED Feb 24, 2009 Secretary of State

Entity Name: DEL MAR AT SANDESTIN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

12273 US HWY 98 36468 EMERALD COAST PARKWAY

208 8101

DESTIN, FL 32550 DESTIN, FL 32541

New Mailing Address: Current Mailing Address:

12273 US HWY 98 36468 EMERALD COAST PARKWAY

208 8101

DESTIN, FL 32550 US DESTIN, FL 32541 US

FEI Number: 59-3698624 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:

STARNES, JIM STARNES, JIM

12273 US HWY 98 36468 EMÉRALD COAST PARKWAY

SUITE 208 8101

DESTIN, FL 32550 US DESTIN, FL 32541 US

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.

SIGNATURE: JIM STARNES 02/24/2009

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

(X) Change () Addition () Delete

MILLER, PATTY TERRY, JONES Name: Name: 7919 FAIRDALE Address: 1808 DEL MAR COURT Address: City-St-Zip: HOUSTON, TX 77063 US City-St-Zip: DESTIN, FL 32550 US

Title: () Delete Title: (X) Change () Addition

Name: JONES, TERRY Name: PATTY, MILLER

Address: 1808 DELMAR CT Address: 7919 FAIRDALE City-St-Zip: DESTIN, FL 32550 US City-St-Zip: HOUSTON, TX 77063 US

Title: () Delete Title: () Change () Addition

PALM, GLENNA Name: Name: 1823 BAYTOWNE AVE N. Address: Address: City-St-Zip: DESTIN, FL 32550 City-St-Zip:

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: TERRY JONES Ρ 02/24/2009