


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90195 006 ****61.25

DOCUMENT # N00000008433					
1. Entity Name DESTIN RV BEACH RESORT AT MIRAMAR BEACH OWNERS ASSOCIATION, INC.					
Principal Place of Business 4300 LEGENDARY DRIVE 204 DESTIN, FL 32541			Mailing Address 4300 LEGENDARY DRIVE 204 DESTIN, FL 32541		
2. Principal Place of Business - No P.O. Box # 362 Miramar Beach Dr			3. Mailing Address 362 Miramar Beach Dr		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Destin, FL			City & State Destin, FL		
Zip 32550		Country USA		Zip 32550	
Country USA		4. FEI Number NOT APPLICABLE			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLSON, RICHARD 4300 LEGENDARY DRIVE 204 DESTIN, FL 32541			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4010 W COMMONS DRIVE SUITE 100 City DESTIN FL Zip Code 32541		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE PD NAME OLSON, RICHARD STREET ADDRESS 4300 LEGENDARY DRIVE CITY-ST-ZIP DESTIN, FL 32541	<input type="checkbox"/> Delete				
TITLE STD NAME HAYS, YVONNE STREET ADDRESS 4300 LEGENDARY DRIVE CITY-ST-ZIP DESTIN, FL 32541	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE PD NAME OLSON, RICHARD STREET ADDRESS 4010 W COMMONS DRIVE CITY-ST-ZIP DESTIN, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE STD NAME HAYS, YVONNE STREET ADDRESS 4010 W COMMONS DRIVE CITY-ST-ZIP DESTIN, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS 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 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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					