


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90076 036 \*\*\*\*61.25

<b>DOCUMENT # N01842</b>	
1. Entity Name DESTIN BEACH CLUB OWNERS ASSOCIATION, INC.	

Principal Place of Business 1150 HWY 98 DESTIN, FL 32541	Mailing Address 1150 HWY 98 DESTIN, FL 32541
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**50015265**



01282005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2458838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BURKE, LES W  
303 MAGNOLIA AVENUE  
PANAMA CITY, FL

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROSS, HAROLD 37 ROSEDOWN DESTREHAN, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILDER, BOB 3443 DELL GLADE DR MEMPHIS, TN 38111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKAY, GERI 1138 MAYNARD DRIVE INDIANAPOLIS, IN 46227
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDEL, LARRY 250 BRAEBURN CIRCLE MARBLE FALLS, TX 78654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIEGER, KORDULA 20 HAMPTON CIRCLE NICEVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 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:** \_\_\_\_\_ **Feb. 10. 05** **830 837-**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **3405**