2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# N01842

Entity Name: DESTIN BEACH CLUB OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1150 SCENIC HWY 98
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

1150 SCENIC HWY 98
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-2458838 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKE, LES W
303 MAGNOLIA AVENUE
PANAMA CITY, FL US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	BROSS, HAROLD	
Address:	37 ROSEDOWN	
City-St-Zip:	DESTREHAN, LA	
Title:	VPD	( ) Delete
Name:	WILDER, BOB	
Address:	3443 DELL GLADE DR	
City-St-Zip:	MEMPHIS, TN 38111	
Title:	PD	( ) Delete
Name:	SANDEL, LARRY	
Address:	608 CRABAPPLE WAY	
City-St-Zip:	MCKINNEY, TX 75070	
Title:	SD	( ) Delete
Name:	RIEGER, KORDULA	
Address:	1111 SANTA ROSA BLVD. #104	
City-St-Zip:	FT. WALTON BEACH, FL 32548	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	RIEGER, KORDULA	
Address:	1004 NAPA WAY	
City-St-Zip:	NICEVILLE, FL 32578	

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY SANDEL PD 04/19/2007

Electronic Signature of Signing Officer or Director — Date