

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# N02000005329

Entity Name: MACK BAYOU POINTE ASSOCIATION OF DESTIN INC.

Current Principal Place of Business:

BEACON WAY
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

10221 EMERALD COAST PKWY
SUITE 23
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 13-4260335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELDER, JAY B
10221 EMERALD COAST PKWY WEST
SUITE 23
MIRAMAR BEACH, FL 32550 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: SD () Delete
Name: RIDLEY, LYNLEE
Address: 43 BEACON WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: PD () Delete
Name: TICKNOR, STEVE
Address: 98 BEACON WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: CUSHING, PAT
Address: 55 INLET DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VPD () Delete
Name: THORNTON, STEVE
Address: 1464 RADSTONE DRIVE
City-St-Zip: LAWRENCEVILLE, GA 30044

Title: TD (X) Delete
Name: GERBING, ANGIE
Address: 96 BEACON WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: CUSHING, PAT
Address: 55 INLET DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: STEVE TICKNOR

PD

04/07/2008

Electronic Signature of Signing Officer or Director

_____ Date